

Archery

BB Shooting

Fishing

Crafts

**Adventures in
BIG BUG Hunt.**

Beekeeper Show

Much More!



East Carolina Council
Wilson District

Cub Scout Day Camp

June 13 -15, 2017
Camp Charles, Bailey NC

Don't delay, register today!

April 6 – May 19 \$60.00

May 20 – June 5 \$70.00

Register Online:

<https://ecc.tentaroo.com>

Select: **District Day Camp**, then select **Wilson District**



Volunteers Needed!!!

We are in search of volunteers to help us put on an amazing program! We need station leaders, den leaders, den chiefs, range officers, aquatics supervisors, tot lot leaders, and many more. Complete volunteer information can be found in the Camp Guide.

Questions and Information Requests

Tri-Nhan Phu Nguyen, Camp Director/Program

nnguyen@ncbsa185.org

(m) 252.292-1616

Jonathan Brown, Wilson District Executive

Jonathan.brown@scouting.org

(m) 252.933.3747

National BSA Camp School
Accredited Leaders and Camp



VOLUNTEERS NEEDED! VOLUNTEERS NEEDED!

**Wilson District
2017 Cub Scout Day Camp
Camp Charles
June 13 thru June 15**

Bug Hunters #268



Email: nnguyen@ncbsa185.org

Camp Director

Tri-Nhan Phu Nguyen, (m) 252.292.1616

Camp Guide

In keeping with the Safe Scouting, we want to provide a safe environment for your youth, a program that adheres to the principle of Boy Scouts of America. Focused on the Scout Oath and the twelve points of the Scout Laws, our day camp will strive to provide opportunities build upon scouting principles. To ensure a fun and safe week for Scouts, leaders, and parents, we have compiled the following information. For the safety and wellbeing of your child(ren) as well as all our campers, we ask that you follow the policies and procedures discussed here.

Registration

- 🐝 Online registration is preferred (which will ensure that your information is secure).
 - <https://ecc.tentaroo.com>
 - Select **District Damp Camp** Event, the select **Wilson District**
- 🐝 Paper registration form is available. See “Registration” section
- 🐝 PLEASE BEE PREPARED! Register early.

What to Wear

- 🐝 Camp T-shirt daily (T-shirt provided at the Thursday night orientation)
- 🐝 Shorts or appropriate lightweight pants
- 🐝 Socks and sneakers ****NO Crocs or flip flops allowed at camp by Scouts or Adults****
- 🐝 Sunscreen and/or bug spray – Must be applied at home. Camp staff members are not allowed to apply anything to a child

Orientation

There will be a Mandatory Parent & Scout Orientation on Thursday, June 8th at 6:30 p.m. at Camp Charles. During this orientation, you and your scout will meet his leaders, receive the camp T-shirt, hear camp rules, and receive other information for parents and guardians.

Please bring the following to orientation on Thursday June 8th:

- 🐝 Scout’s completed health form
- 🐝 Copy of the registration form or a printed confirmation email.

**** (Do NOT mail the health form to the council office.) ****



Staff

The Camp Staff is under the direction of a National Camping School trained Camp Director. The staff has been trained in Youth Protection and have years of experience working with Cub Scouts and Webelos. Other experienced Scouters will also serving on staff as well.

Camp Help

WE ARE ALWAYS LOOKING FOR NEW VOLUNTEERS! If you would like to help at camp or if you are planning to stay on campsite during the week with your scout, please contact Tri-Nhan no later than May 1st. We must know by orientation. All adults that are helping our staff must attend the staff training which will be on Thursday, June 1st at Camp Charles 6:30pm

All staff and adults must also complete their BSA Youth Protection Training (YPT) online training prior to this meeting on June 1st. All staff and adults must present the proof of YPT training to the camp director. (Complete YPT training at: www.my.scouting.org)

****Do NOT mail the Youth Protection Training certificate to the council office.***

Catch a BUG Scout Program

Scouting is more FUN when your child attend Day Camp with his school friend(s). Our BUG Scout Program provides an opportunity for your Cub Scout to recruit his school friend.

- Award and recognition will be given to those Cubs that invite their friend (Paid CUBS SCOUT DAY CAMP participant).
 - Recruiter patch and a Thank You gift.
- Friend must be a non-registered youth with BSA

The GOAL is to bring Scouting to all youth.

Boy Scout YOUTH Registration form will be made available to their friends. YOUTH protection is mandatory for new scout parents! **IMPORTANT...** Registration with BSA is separate fee and it is prorated at time registration.



Youth Registration Form

Wilson District Cub Scout Day Camp #268

Deadline to register will be June 1, 2017. No exceptions.

Cost: \$60 per scout

An Annual Health and Medical Record form is provided within this packet. (OR you can go to www.eccbsa.org/forms) must be filled out for each scout and for each adult that is assisting during the week. The health forms must be turned in to the health officer at Orientation on Thursday, June 8th . Click on Annual Health and Medical Record and choose the form for ALL SCOUTING EVENTS which is Parts A and B (3 pages total). (www.scouting.org/filestore/HealthSafety/pdf/680-001_AB.pdf)

An adult partner must accompany each Tiger (1st grade) Cub Scout. Tiger cubs are boys who will be going into the 1st grade during the 2017-2018 school year (next school year).

Cub Scout Pack Number _____

Cub Scout Name _____

Cub Scout Address _____

Each Scout will receive one T-shirt for camp (included in the registration fee).

The camp T-shirt must be worn every day at camp.

Circle the appropriate T-shirt size for your scout:							
Circle one:							
(Youth size)	YS 6-8	YM 10-12	YL 14-16	(Adult size)	S	M	L





Circle the school grade your scout will be entering for the 2017-2018 school year:				
1 st (Tigers)	2 nd (Wolves)	3 rd (Bears)	4 th (Webelos)	5 th (Arrow of Light)

W

Parent/Guardian Name _____

Best Contact Number(s) _____

Email address _____

<p>If your scout is on daily (or as needed) medication that he will need to take during camp hours, please read the following:</p> <ul style="list-style-type: none"> Bring all required medications to the Health Officer at the First Aid Station each day of camp. All medication must be in the original prescription container. Do NOT send medications with your scout. A Parent/Guardian must give the medications to the Health Officer directly each day of camp.
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Welcome to Camp Charles!



Wilson District Cub Scout Day Camp will held on Tuesday June 13, 2017 thru Thursday June 15, 2017. This year's theme is BUG HUNTERS. We have outdoors activities in-line with this year theme, which will include scouting principles found in our scout laws and scout oath.

Your cub scout can participate in various programs such Archery, BB shooting, Fishing, Crafts, BIG BUG HUNT, as well as viewing a live Beehive.

We invite you as parents and legal guardian to volunteer to help provide enriched program for your youth. Volunteer will reach a T-shirt and water bottle for time, talent, and treasures.

Direction to Camp Charles can be found on the web using your favor search engine. Search for Camp Charles, 8396 Boy Scout Rd, Bailey NC 27807.

Blank space provide for your personal notes.

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any: None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.



In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date:
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	Last attack date:
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion	
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral/neurological disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	Last seizure date:
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Excessive fatigue	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date:
<input type="checkbox"/>	<input type="checkbox"/>	List any other medical conditions not covered above	



Prepared. For Life.®

680-001
2014 Printing

Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.

IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

YES NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)



Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.



Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX
 Review for camp or special activity.

Reviewed by: _____
 Date: _____
 Further approval required: Yes No
 Reason: _____
 Approved by: _____
 Date: _____

