

## Safety First!

Camp standards for health and safety conform to those of the Boys Scouts of America. *Please keep your son home if he is ill.* Should there be an injury or accident, the camper will be transported to Sweetwater Hospital. There will be a qualified nurse on site at all times. Accident insurance covers each camper and is included in the registration fee. Should there be storms in the area, there is a large pavilion at Houston Park where we will stay.

If your child will not be at camp on any day, please notify your child's day camp unit leader or Camp Director Melanie Carr at (423) 295-4346.

### What do I wear?

Wear play clothes and sneakers with over-the-ankle socks. The camp T-shirt will be given out the first day and should be worn every day after that. A cap is suggested. Wear sunscreen and bug repellent.

### What if it rains?

Scouts go on, rain or shine. Bring rain gear if rain is forecast.

### What about food?

Bring a sack supper and drink every day. Coolers are available to keep food cool. Bring a water bottle. Water coolers are available throughout the campground.

### What not to bring:

No gum, radios, handheld video games, or glass containers.

★★All boys entering first grade must have an adult partner at camp the entire week.★★

★★Pre-school children of staff can be at camp in a special area just for them! Cost of \$5 includes camp T-shirt and accident insurance.★★

### Directions to Houston Park

**From Vonore:** Take 411S, turn off at Madisonville exit, at bottom of hill take right fork (this is Main St.), turn left at Houston St. (Farm Bureau on corner)

**From Athens/Sweetwater/Tellico Plains:** Take 411N, turn left at traffic light at Cook St./Ballplay Rd. (Walgreens on corner), take right fork (Ballplay Rd.), turn left where road ends on Warren St., go one block and turn right on Houston St., go one block, cross Main St., enter Houston Park

## Madisonville District Day Camp Registration Form

Scout's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age (as of June 1, 2006) \_\_\_\_\_

Grade entering in Fall 2006 \_\_\_\_\_

Scout Tshirt Size: Youth: 6/8 10/12 14/16 Adult: S M L XL XXL XXXL

Is the child a registered scout? YES NO

If yes, Cub Scout Rank (as of Fall 2006) \_\_\_\_\_ Pack# \_\_\_\_\_

★★All boys entering first grade must have an adult partner at camp the entire week.★★

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

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

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

### VOLUNTEER

Yes, I would like to volunteer. Contact me.

My name is \_\_\_\_\_ Phone # \_\_\_\_\_

Volunteer T-shirt size: Adult: S M L XL XXL XXXL

Early Bird (received on or before May 19)	\$50
Regular Registration (received after May 19)	\$60
Adult Staff Discount (volunteer to work entire week) <i>deduct</i>	\$10
Preschool Fee (per child for children of Staff only)	\$ 5
Total Fees.....	\$ _____

Please complete back page. Make checks payable to BSA.

Return this form & appropriate fees to:

GSMC Day Camp, PO Box 51885, Knoxville, TN 37950

## Scout's Personal Health and Medical History

Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health/accident insurance carrier \_\_\_\_\_

Policy/patient # \_\_\_\_\_

**Check items that apply (past or present) to your health history.**

Asthma	Y	N	Cancer/Leukemia	Y	N
Convulsions/Seizures	Y	N	Hemophilia	Y	N
Diabetes	Y	N	Heart Trouble	Y	N
High Blood Pressure	Y	N	Kidney Disease	Y	N
ADHD/ADD	Y	N	Other _____		

List any allergies to food, medicine, insects or plants, etc. \_\_\_\_\_

List any medications to be taken at camp: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in the camp: \_\_\_\_\_

List equipment needed such as wheelchair, contacts, etc.: \_\_\_\_\_

**Immunizations:** give date of LAST inoculation or booster.

Tetanus \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_  
 Diphtheria \_\_\_\_\_ Mumps \_\_\_\_\_ Pertussis \_\_\_\_\_  
 Rubella \_\_\_\_\_

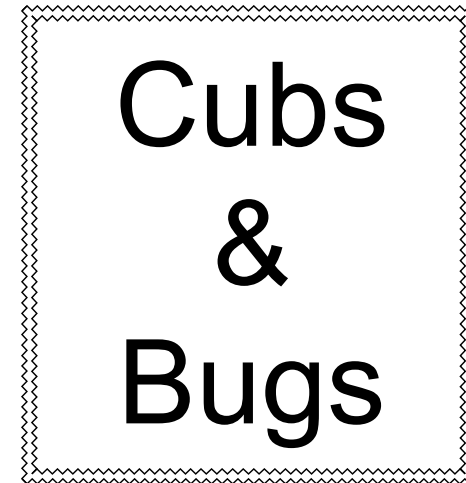
In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

I also give permission for full participation in BSA programs, including BB/Archery shooting sports, subject to limitations noted herein. I also grant permission to Great Smoky Mountain Council to use any pictures taken for promotional purposes.

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

## Cub Scout **Twilight** Camp Unaka District



June 19 - 23, 2006

Houston Park

Downtown Madisonville

**Drop-off: 4:45 - 5:00 p.m.**

**Pick-up: 9:00 - 9:15 p.m.**

For ALL Boys Entering 1<sup>st</sup>\* through 5<sup>th</sup> Grade

**Exciting Activities Include:**

BB Shooting	Campfire Activities
Archery	Scavenger Hunt
Arts & Crafts	Games

**& More!**

**\*All boys entering first grade must have an adult partner at camp the entire week.**

Great Smoky Mountain Council - Boy Scouts of America  
 A United Way Agency  
 Serving Monroe, McMinn, & Meigs Counties