



Come join the fun and adventure at  
CSI: Cub Scout Investigations 2009  
Talakto District Cub Scout Day Camp

**Who?**

All Registered Tiger Cubs, Cub Scouts and Webelos Scouts who have completed K-5<sup>th</sup> grades, and are not yet in boy scouts, are invited to attend. You must have completed Kindergarten & be a registered Tiger Cub by 1 June 09.

**What?**

Archery, BB Shooting, Cooking, Crafts, and fun galore!

**When?**

June 22-26, 2009  
8:00am – 3:00pm Monday –Thursday  
8:00am – 4:00pm Friday

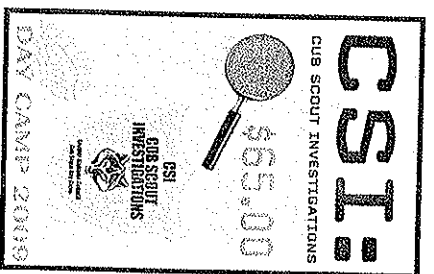
\*\*Note: Day Camp ends @ 3:00 pm on Friday. Closing ceremony from 3-4 pm. Camp Wide clean up immediately following closing.

**Where?**

Cahaba Shrine Park  
6001 Pulaski Pike, Huntsville, AL 35805

**Fee?**

Cost for Day Camp will be \$65.00 per scout. Register as a leader for the whole week of camp and receive a \$30 discount on your child's registration fee.



**CSI: 2009**

**WHAT TO WEAR:** Everyone is expected to dress for the occasion. A Camp T-Shirt will be provided and should be worn every day with

Shorts/jeans, socks and shoes (**NO SANDLES**). Extra T-shirts will be for sale while supplies last.

**WHAT TO BRING:** A Tote bag or backpack (no paper bags please), a sack lunch (No perishables). Please label all items with your name and pack number. **DO NOT BRING KNIVES TO DAY CAMP!!! Please apply sunscreen & bug spray before coming to camp.**

**WHO'S ON STAFF? YOU!**

One leader must be provided for every five boys from your pack. For more information, contact the Camp Director, Rose Ellen Evans at 851-7929 or 880-1488.

**TOT LOT:** A Tot Lot is available for the children of Day Camp leaders and Staff. They have their own fun-filled camp program with quality leaders. Cost is \$5.00. Please contact the camp director for space availability.

**TO ALL CUB PARENTS & LEADERS:** The Cub Scout

Day Camp program is designed to teach skills and develop attitudes which make a boy more self-reliant. We will have fun with a purpose and that purpose is to build character while providing a memorable experience in the life of the boy! Make sure your boy gets Cub Scouting at it's very best and come join in the fun with him at the Talakto District's Cub Scout Day Camp for 2009.

# Talako District Application

(Required for each person who attends)

Circle Application Type: Cub Scout Adult Staff Tot Youth Staff Boy Scout Girl Scout

CUB SCOUT NAME \_\_\_\_\_ DISTRICT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_ AGE \_\_\_\_\_ PACK# \_\_\_\_\_

Circle grade just completed in June: K 1 2 3 4 5  
 Check the rank your Cub Scout will have completed by 6/1/09  
 Tiger Cub \_\_\_\_\_ Wolf \_\_\_\_\_ Bear \_\_\_\_\_ Webelos I (4th Gr.) \_\_\_\_\_ Webelos II (5th Grade)

PARENT/GUARDIANS NAMES  
 MOM HOME PHONE \_\_\_\_\_ DAD HOME PHONE \_\_\_\_\_  
 MOM WORK PHONE \_\_\_\_\_ DAD WORK PHONE \_\_\_\_\_  
 MOM CELL PHONE \_\_\_\_\_ DAD CELL PHONE \_\_\_\_\_  
 PARENT'S EMAIL ADDRESS \_\_\_\_\_

YES, I WILL WORK AS A VOLUNTEER, PLEASE CALL ME AT THE FOLLOWING NUMBERS  
 HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_  
 DAYS I CAN WORK: MON \_\_\_\_\_ TUES \_\_\_\_\_ WEDS \_\_\_\_\_ THURS \_\_\_\_\_ FRI \_\_\_\_\_ ALL WEEK \_\_\_\_\_

## ALL WEEK LEADER'S DISCOUNT

\*LEADER'S DISCOUNT IS FOR LEADERS WHO WORK ALL WEEK: \$30.00 DISCOUNT

CUB SCOUT HEALTH INFORMATION  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

List persons authorized to present your child for medical treatment or transport to and from Camp.  
 1. Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 2. Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 3. Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

If parent/guardian or persons named above are not available in the event of an emergency, notify:  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Name of Personal Physician \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Personal Health/Accident Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

## PARENTS/GUARDIANS - FILL OUT THE SIZE YOUR CHILD WILL MOST LIKELY WEAR!

YOUTH T-SHIRT SIZE \_\_\_\_\_  
 Y/S Y/M Y/L A/SM A/M A/LG A/XLG  
 ADULT T-SHIRT SIZE (for core staff and week long walking den leaders)  
 A/SM A/M A/LG A/XLG  
 EXTRA SHIRTS FOR SALE - \$10.00 EACH  
 Y/S Y/M Y/L A/SM A/M A/LG A/XLG # \_\_\_\_\_ X \$10.00 = \_\_\_\_\_

Fees: Registration \_\_\_\_\_ Late Fee \_\_\_\_\_ T-Shirt Purchase \_\_\_\_\_ Total Amount Due \_\_\_\_\_  
 I am paying by (Check One)  Cash  Check  Visa  MasterCard  Discover  
 CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_  
 NAME ON CARD \_\_\_\_\_  
 SIGNATURE (REQUIRED) \_\_\_\_\_

## CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

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: Check any that apply, past or present, and explain below

- ADHD (Attention-Deficit Hyperactivity Disorder)  Convulsions/seizures  Hemophilia
- Asthma  Diabetes  High blood pressure
- Kidney disease  Cancer/leukemia  Heart trouble

Explain: \_\_\_\_\_  
 Please list ALL medications taken in the 30 days prior to arrival at Day Camp \_\_\_\_\_

List any medications to be taken at camp, including drug, dosage, route (oral, injection, etc.), and frequency: \_\_\_\_\_

(If your child will require regular medication at camp it is to be turned into the Health Officer each morning in its original container with its instructions. Exceptions to this include certain medications, such as inhalers or Epipens that need to be with the child)

List any physical or behavioral conditions that may affect or limit full participation in swimming, playing strenuous physical games, or other activities: \_\_\_\_\_

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc. \_\_\_\_\_

Immunizations: (Give date of last inoculation. Circle vaccine given)  
 Tetanus toxoid or DPT \_\_\_\_\_ Measles or MMR \_\_\_\_\_ Polio \_\_\_\_\_  
 Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Varicella or Chicken pox \_\_\_\_\_

Are there any medical or behavioral conditions that the staff should be aware of? (For privacy reasons, this is the only information that will be given to den leaders so if den leader needs to know something, please list it here) \_\_\_\_\_

I am providing additional medical information on this child on a separate piece of paper (Den Leader Advisory Form).  
 Health Officer May Administer:  Benadryl  Tylenol (Amount) \_\_\_\_\_ How Often \_\_\_\_\_  Advil (Amount) \_\_\_\_\_

I give permission for full participation in BSA programs, subject to limitations noted herein. 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 licensed health-care practitioner selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child.

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

### PAYMENT OPTIONS (Refund policy)

Option 1—\$25 deposit will hold your son's registration with balance due two weeks prior to camp or a \$25 late fee will incur after this date. Option 2—the full fee of \$65 is due four weeks prior to camp or a \$25 late fee will be incurred. "No-shows" will not be granted refunds. Refunds, less a 20% service fee, will be considered for sickness, death in the family or a school related issue.

Mail completed form with payment to: 2009 Day Camp Fees

Greater Alabama Council, BSA  
 P.O. Box 43307, Birmingham, AL 35243  
 or by fax 205-970-0349  
 Huntsville Service Center  
 2211 Drake Ave SW, Huntsville, AL 35805  
 or by fax 256-883-2193