

Hey Mawat District Boy Scouts! Can You...

- Help Cub Scouts **ACHIEVE** the Purposes of Cub Scouting?
- Serve as a **GUIDE** during group activities?
- Set a good **EXAMPLE** through attitude and uniforming?
- Be a **FRIEND** to the boys in the den?
- **LEAD** Cub Scouts through actions and words.
- **SHOW** patience when teaching?
- **ENCOURAGE** Cub Scouts to continue their adventure in Scouting?
- **GUIDE** Webelos towards their Arrow of Light?

and...

- Start the perfect **CAMPFIRE**?
- Tie a **KNOT** with your eyes closed?
- Tell a good **JOKE**?
- Put on a great **SKIT**?
- Laugh, **LAUGH**, laugh
- Be **SOMEONE** a Cub Scout looks up to?
- ...and most importantly...
- Show the Cub Scouts how to **HAVE FUN**?



The Cub Scout Day Camp **NEEDS YOUR HELP!**

We need Volunteers for Den Chiefs and to put on a campfire program for the Webelos II Campout!

Must be at least First Class



MAWAT DISTRICT CUB SCOUT DAY CAMP
June 14th - 18th 2010 • West Point on the Eno • Durham, NC

BOY SCOUT - DEN CHIEF REGISTRATION

Scout's Name: _____ Nickname: _____
Troop # _____ Rank: _____ Age _____ Date of Birth _____

Address: _____
City: _____ State: _____ Zip: _____
Phone # _____ Email: _____

Scoutmaster's Name: _____ Phone #: _____

*CAMP T-Shirt: (Must be worn everyday) 1 shirt will be given to you free of charge.
Additional T-shirts may be ordered at \$5.00 each. (*note - T-shirts tend to run small, for your comfort please order size accordingly)

T-Shirt Sizes: YL AS AM AL AXL AXXL AXXXL
Extra Shirt(s): _____ x \$5.00/per shirt = \$ _____ Check Amount

Attending the
**WEBELOS II
CAMPOUT**
WED. 6/16/10
 YES

DAY(S) AVAILIABLE: (check all that apply)
 ALL WEEK MON TUES WED THURS FRI

ABLE TO HELP CLEAN UP AND PACK UP: (at 4:15-5:00pm daily - Clean up Friday)
 ALL WEEK MON TUES WED THURS FRI

Please indicate your areas of interest and skills: (check all that apply)
 DEN CRAFTS SPORTS SHOOTING SCOUT SKILLS

Special Scout Talent(s): _____

MAIL REGISTRATION AND MEDICAL FORM AND T-SHIRT CHECK TO:

Krista Johnson
MAWAT District Cub Scout Day Camp
1410 Torredge Rd
Durham, NC 27712

Make checks payable to
BSA - Occaneechee Council

Registration forms due by:
April 24th 2010



June 14th - 18th 2010
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BOY SCOUT MEDICAL FORM

Scout's Name: _____ Age: _____

Home Phone _____

Father/Guardian: _____

Employer: _____ Wk # _____ Cell # _____

Mother/Guardian: _____

Employer: _____ Wk # _____ Cell # _____

Emergency Contact: _____

Relationship: _____ Phone # _____ Cell # _____

Physician of Choice: _____ Phone # _____

Physical Restrictions: _____

Date of last Tetanus shot _____

Behavioral characteristics we should be aware of _____

Medication taken before camp _____

(Please tell us in case of an emergency should occur and EMT's need to know)

Medications to be given at camp? (circle) **Yes No** Time(s) _____

**If "YES" a Request for administration of medication form MUST be completed and signed by your child's physician. We MUST be able to keep this on file. NOTE: All medication MUST be turned in DAILY to the CAMP NURSE and will be administered by the nurse ONLY. All meds. MUST be CLEARLY labeled w/child's name, dosage amount, dosage time, Doctor's name and phone number. It must be in original prescription container.*

My child has difficulty or medical conditions with the following:

(Check all that apply)

ADD

ADHD

Other: _____

Asthma

Convulsions

Diabetes

Digestion

Ears

Eyes

Feet

Lungs

Heart Trouble

Nose

Throat

Allergies: _____

CERTIFICATION STATEMENT

The information on this health form is accurate as best of our medical knowledge. The Cub Scout described herein has my permission to engage in all camp activities, except as noted by me on the above form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the adult leader in charge to treat my child as the emergency so requires, whether it be by injection, x-ray, anesthesia, hospitalization or surgery.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature _____ Date: _____