

CUB FAMILY WEEKEND 2019

STEM WARS

Please complete both sides of the form!
Each camper attending must use a separate form!

BSA Health & Medical Record Part A for the person named on the other side of this form. To be filled out by parent or guardian annually for all participants. Check all items that apply, past or present, to your health history, Explain any "Yes" Answers.

Health/Accident Ins. Carrier _____
 Policy # _____

HEALTH HISTORY: Are you now, or have ever been treated for any of the following:

| Yes | No | Condition | Explain |
|-----|----|--|----------------------|
| | | Asthma Last Attack: | |
| | | Diabetes Last HbA1c: _____ | |
| | | Hypertension (High Blood Pressure) | |
| | | Heart Disease (i.e. CHF, CAD, MI) | |
| | | Stroke/TIA | |
| | | Lung/respiratory disease | |
| | | Ear/sinus problems | |
| | | Muscular / skeletal conditions | |
| | | Menstrual problems (women only) | |
| | | Psychiatric/psychological and emotional difficulties | |
| | | Behavioral disorders (i.e. ADHD, ADD) | |
| | | Bleeding disorders | |
| | | Fainting spells | |
| | | Thyroid disease | |
| | | Kidney disease | |
| | | Sickle cell disease | |
| | | Seizures | |
| | | Sleep disorders (i.e. sleep apnea) | Use CPAP: Yes__ No__ |
| | | Abdominal/digestive problems | |
| | | Surgery | |
| | | Serious Injury | |
| | | Other | |

IMMUNIZATIONS:

The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

- Yes No Date**
- Tetanus _____
 - Pertussis _____
 - Diphtheria _____
 - Measles _____
 - Mumps _____
 - Rubella _____
 - Polio _____
 - Chicken pox _____
 - Hepatitis A _____
 - Hepatitis B _____
 - Influenza _____
 - Other (i.e., Hib) _____

Exemption to immunizations claimed

MEDICATIONS:

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only

Medication _____
 Strength _____ Frequency _____
 Approximate date started _____
 Reason for medication _____

Medication _____
 Strength _____ Frequency _____
 Approximate date started _____
 Reason for medication _____

ALLERGIES or REACTIONS TO:

Medication _____
 Food, Plants, or Insect Bites _____

Special requirements: _____

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT stop taking any maintenance medication.

Medical Permission To Treat Minor I give my 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 (if an adult, my spouse or next of kin). In the event I can not be reached, I hereby give my permission for 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 (or me if an adult).

Initial: _____

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BOY SCOUTS OF AMERICA
SUWANNEE RIVER AREA COUNCIL
 2032 Thomasville Road
 Tallahassee, FL 32308
 850 576-4146 - Office • FAX - 850 575-6991
 suwanneeriverareacouncil@gmail.org
 www.suwanneeriver.net

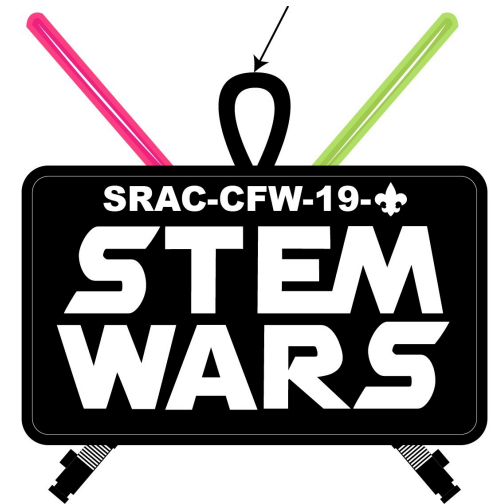


BOY SCOUTS OF AMERICA*
SUWANNEE RIVER AREA COUNCIL

Presents.....
CUB FAMILY WEEKEND

STEM WARS

A Camporee for Cub Scouts



October 18-20, 2019

@

Wallwood Boy Scout Reservation

23 Wallwood BSA Dr.
 Quincy, FL 32351

Camp Director: Micah Kimler 229 403-9395
 micahkimler@yahoo.com

Program: Elaine Heenthal 850 385-1540
 eheenthal@comcast.net

Professional: Bob Norwillo 772 214-5659
Advisor Bob.Norwillo@scouting.org

www.SUWANNEERIVER.net

**SUWANNEE RIVER AREA COUNCIL
CUB FAMILY WEEKEND**

STEM WARS

WHO: All registered Cub Scouts
(Lion, Tiger, Wolf, Bear & Webelos)
Including Family members (Parents and Siblings)

WHERE: Wallwood Boy Scout Reservation
ADDRESS: 23 Wallwood BSA Dr.; Quincy, FL

WHEN: October 18-20, 2019
Friday Check-in will be from 4:00pm – 9:00pm. No vehicles allowed in campsites, thus gear will be shuttled to the flagpole area in each campsite. A Pack trailer may be taken to the campsite, but tow vehicle must be removed to parking lot.

FEES: \$45 for each person (Cub Scout, parent, or sibling) if registered by Sep. 20 (four weeks prior to event); or else \$60 if registered by Oct. 4 - deadline.
NO REGISTRATION AT THE DOOR
No cost for children 3 years of age and under.
\$15 credit will be given for food if Pack/Family is supplying own food for entire weekend.
Fees are transferable; not refundable!
Fees include food, patch, and program materials.

UNIFORM: Please travel in Uniform, but bring Scouting t-shirt, shorts and closed-toe shoes. Costumes are welcome, no weapons please.

FOOD: Meals include: Saturday – Breakfast, Lunch and Dinner and Sunday Breakfast

TRANSPORTATION: Families are responsible for their own transportation to and from camp.

CAMP STAFF

LEADERSHIP: Qualified First Aid is available at all times. Volunteers are needed for a variety of positions including Program Area Leaders for games or crafts. Please let Micah Kimler know of your interest and willingness to help.

REGISTRATION: Please use the attached registration form. Registration is on a Family basis. Families from the same Pack will be assigned the same campsite. Requests for fee transfers must be made in writing to the Council Service Center before the first day of the event. *Registration for this activity includes permission for Suwannee River Area Council to use voice and/or photographs of participants in news coverage or similar projects approved by the Boy Scouts of America.*

PROGRAM: Advancement opportunities will include the following Rank Adventures:
Lion - On Your Mark
Tiger - Sky Is The Limit
Wolf - Collections & Hobbies
Bear - Super Science with Whittling Chip
Webelos - Adventures In Science
Arrow of Light - Castaway
These programs will be held Saturday morning.
STEM focus = Out of This World NOVA Award

ACTIVITIES: Archery, Slingshot and BB guns; Adventure Loop activities, bouncy house, Scout skills, STEM Activities with hands on challenges and stations. After lunch will be open program with crafts and games related to the theme.

HEALTH FORM: The attached health form must be completed and turned in at the time of registration or before. 1 health form per camper.

CAMPERSHIP: A limited number of need-based, partial camperships are being offered. For information on how to apply, please contact the Camp Director.

CLOSING CEREMONIES: Saturday night campfire will close out the formal program of the weekend with songs and skits.

Sunday Chapel: All participants are invited to attend the Scouts Own Service at 9:30am.

Campers who must leave early for any reason must report to the Administration Building and to Pack Leadership prior to leaving camp.

No Cub Scout is allowed to carry a knife!
No Alcohol or Firearms allowed in camp!



**SUWANNEE RIVER AREA COUNCIL
CUB FAMILY WEEKEND**

STEM WARS

Wallwood Boy Scout Reservation
October 18-20, 2019

Please complete both sides of this form!
Each camper attending must use a separate form!
Including Parents and Siblings

Name: _____

Phone: _____

E-Mail: _____

Pack # _____ Family: _____

Special Requirements: _____

Family Member: (circle one)

Infant: 0-3 Youth: 4-17 Adult: 18+

Scout Rank: (circle one) Lion Tiger

Wolf Bear Webelos Arrow of Light

Informed Consent for Scouting Activity: I understand that participation in activities associated with the Scouting Program such as the bb guns/archery activities offered through the Suwannee River Area Council, BSA involves inherent risks that could result in injury and/or death. I give permission to engage in provided activities and do hereby release and hold harmless and waive all claims I may have against: Suwannee River Area Council, BSA and any volunteers, activity coordinators, employees and or organizations associated with this event. By signing this agreement I waive my right to bring court action to recover compensation or obtain any other remedy for any injury, death or loss of property however caused arising from participation in this activity now or in the future even though caused by negligence of those parties operating the event.

Initial: _____

Firearms Permission, Notice to Parents: The State of Florida has enacted legislation that requires the consent of a minor's parent or guardian before a firearm may be furnished for the purpose of instruction in the safe handling and shooting of firearms and related activities. If your child will be participating in the shooting sports programs at WBSR, it will be necessary for you to give consent.

Initials: _____

Please make checks payable to:

Suwannee River Area Council mail: 2032 Thomasville Road; Tallahassee, FL 32308 or FAX: 850 575-6991 or e-mail: Billy.Hartsfield@scouting.org

\$45 if postmarked on or before September 20 _____

\$60 if postmarked on or before October 4 _____

-\$15 Food Credit _____

TOTAL _____

Credit Card # _____

Exp: ____/____/____