



CUB SCOUT FAMILY CAMPING

at Camp Loud Thunder!

Swimming-Boating-Water Games-Shooting Sports &more!
at Camp Loud Thunder

July 18 - 19th, 2009

Cub Scouts, Parents, & Pals - Plan to attend

“NATIONAL TREASURE”

You are invited to attend the **“NATIONAL TREASURE”** Family Adventure Campout. The program is designed for the entire family, and everyone will have a great time. It's a fun-filled day of adventure and discovering exciting water activities. You'll discover some things about Loud Thunder you've never known before and have lots of fun doing it! But...all that exploring will make you really hungry, so you'll enjoy a great meal served in the dining hall Saturday evening followed by still more adventures... and finally fall sleep in tents after a great Cub Scout Campfire.

***Swimming *Nature *Archery *Craft Projects *BB Guns**
***Fishing *A Super Campfire *The Observatory *And much more...**
with a new expanded staff and program!

- | | |
|---|---|
| <input type="checkbox"/> Weather appropriate clothing | <input type="checkbox"/> Swim suit and towels |
| <input type="checkbox"/> Personal items & toiletries | <input type="checkbox"/> Flashlight |
| <input type="checkbox"/> Sleeping Bag and pillow | <input type="checkbox"/> Fishing gear |
| <input type="checkbox"/> Good walking shoes | <input type="checkbox"/> Disposable camera |
| (no open-toed sandals at Camp) | <input type="checkbox"/> NO Electronic Gear |

What to Bring?

What to Wear?

Resident Camp clothing should be weather-specific and comfortable. Bring a pair of shorts or jeans, T-shirt, underwear & socks for each day, and a full set for spare. Tennis shoes (a spare pair is nice) are appropriate and a hat is important in the sun. A uniform for flag ceremonies is Scout-like and please plan for summer weather with sun block, insect repellent & rain gear.

COST:

\$25 per Cub, Adult or Family member
or
\$20 per Cub, Adult or Family member
If paid by 5/22/09

Price includes:

Tents, all activities
Saturday Supper &
Sunday Breakfast.

For registration form or more information call 563-388-7233 x120 or click www.illowabsa.org

“ Supported by Friends of Scouting, Popcorn Sales and the United Way”



FAMILY CAMP at CAMP LOUD THUNDER 2009

“NATIONAL TREASURE”

“Outdoor FUN for Tigers, Wolves, Bears, Webelos & their Families)

2009 FAMILY CAMP REGISTRATION -- July 18 - 19, 2009

Youth Name: _____ Pack: _____ Grade in Sept 09 _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ (Night) _____ District: _____

Adult Attending with Cub: Name: _____ Relationship: _____

Email: _____

Additional Adult/s: Name/s: _____

Additional Youth: Name/s _____ Age: _____

_____ Age: _____

_____ Age: _____

(Add any additional campers on another sheet with name & age)

We'd like to use: (Indicate 1) Camp tent/s Our own tent/s

We have the following **special needs:** _____

Fee Enclosed:

Until May 22nd ALL ATTENDEES pay \$20/each. Total attending: _____ x \$ 20 = \$ _____

After May 22nd ALL ATTENDEES pay \$25/each. Total attending: _____ x \$ 25 = \$ _____

Total enclosed = \$ _____

HEALTH FORMS: EVERYONE attending this camp (youth or adult) must bring a Class 1 Personal Health History. (On back) This does not require a physician's signature.

Remit this form and payment to:

Illowa Council Service Center, 4412 N. Brady St. Davenport, Iowa 52806

Questions? Call 563-388-7233 x120 or www.illowabsa.org



CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY



(To be filled out annually by parent, guardian, or adult for ALL participants.)

Height _____ Weight _____ Eye Color _____ Hair Color _____

IDENTIFICATION: PLEASE PRINT IN INK!

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Phone _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

If person above is not available in the event of an emergency, notify -

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of personal physician _____ Phone _____

Personal health/accident insurance carrier _____ Policy No. _____

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:	Yes	No	Yes	No	Yes	No		
ADHD (Attention-Deficit Hyperactivity Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

Please list ALL medications taken in the 30 days prior to arrival at the Scouting activity where this form is to be used: _____

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

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

IMMUNIZATIONS: (Give date of last inoculation)

Tetanus toxoid _____	Measles _____	Polio _____
OR DPT _____	OR MMR _____	
Hepatitis A _____	Varicella _____	OR Chicken pox _____
Hepatitis B _____		

Check this box if you do NOT permit the publication of your child's (or your own) photograph or likeness for Scouting purposes.

I give permission for full participation in all BSA programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). 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 (or for me, if participant is an adult.) (This authorization is valid for 1 year and may be reauthorized below.)

Date _____ Signature of parent/guardian or adult _____

Date updated _____ Signature of parent/guardian or adult _____

Date updated _____ Signature of parent/guardian or adult _____

Some hospitals require the parent/guardian signature to be notarized. Check with your BSA local council.

NAME: _____
PACK/TROOP/CREW NO. _____
CAMP SITE: _____