



WEBELOS SCOUT CAMP

June 28-July 1 or July 19-22, 2009

at

Camp Loud Thunder

“NATIONAL TREASURE”

Scouts will shoot bows & arrows, BB guns, go swimming, fish, learn about nature and much more! Webelos (4th or 5th graders this fall) will experience all the excitement of a 4-day/3-night camping adventure at the Boy Scout camp. Scouts camp with their Pack or Den, and enjoy a full range of camp activities while working on activity badges. They will eat their meals prepared for them in the dining hall and sleep in Boy Scout tents with cots on wooden platforms (or bring their own tents.) Each Pack must be accompanied by 2 adults and 1 additional for each additional 5 Scouts.

TENTATIVE ACTIVITY BADGES: (many requirements can be completed)

- Citizen
- Readyman
- Naturalist*
- Aquanaut
- Outdoorsman*
- Sportsman
- Forester*

Completing * badges earns World Conservation Award

In addition to the time-honored camp activities like swimming, nature, crafts and shooting sports, Webelos will meet volunteers from off-camp who will bring special non-traditional skills & activities as highlights to the camp's regular program. A number of separate activities are planned for the W2's in recognition of their older status.

COST: \$125 per Webelos or
 \$115 per Webelos if paid by 5/22/09
 \$ 50 per Adult

- Weather appropriate clothing
- Personal items & toiletries
- Sleeping Bag and pillow
- Good walking shoes
(no open-toed sandals at Camp)
- Swim suit and towels
- Flashlight
- Fishing gear
- Disposable camera
- 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.

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”



WEBELOS CAMP at CAMP LOUD THUNDER 2009

Pack Registration Form for "NATIONAL TREASURE"

(Open to Webelos 1's & 2's & their Leaders)

Check Session Choice: Session 1 (June 28 - July 1) **OR** Session 2 (July 19 - 22)

Pack: _____ **District:** _____ **Grade in Sept 09** _____

Adult/s attending with Webelos: (2 adults per Pack required, 1 additional adult for every additional 5 Scouts)

Primary Contact Name: _____ **Scouting position:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone (Day): _____ **(Night)** _____

Email: _____

2nd Adult: _____ **Day Phone:** _____

3rd Adult: _____ **Day Phone:** _____

Webelos Attending: (Use additional sheet if more than 8 Webelos attending or for additional adults)

Names: _____ **Emerg. Phone:** _____

Names: _____ **Emerg. Phone:** _____

Names: _____ **Emerg. Phone:** _____

Names: _____ **Emerg. Phone:** _____

Names: _____ **Emerg. Phone:** _____

Names: _____ **Emerg. Phone:** _____

Names: _____ **Emerg. Phone:** _____

Names: _____ **Emerg. Phone:** _____

We'd like to use: (Indicate choice) Camp tent/s our own tent/s

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

Fee Enclosed:

Until May 22nd: \$115 per Webelos; \$50 per adult -- _____ Webelos + _____ Adults = \$ _____

After May 22nd: \$125 per Webelos; \$50 per adult -- _____ Webelos + _____ Adults = \$ _____

TOTALS = _____ = \$ _____

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

Pack Leader: Remit this form for entire Pack and one payment for each session to:

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

Questions? Call 563-388-7233 x 120 or www.illowabsa.org



CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY



NAME:

(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.

PACK/TROOP/CREW NO.

CAMP SITE: