

Welcome to Silver Gate Cub Scout Day Camp

August 3 – 7 2009 – Hanns Park Vallejo, CA

Camp director: Janice Jacobsen: 707 342 2553 (Number active during camp)

Program Director: Donna Livingston-Fitch 415 806 6382

!!!! LEAVE THIS PAGE POSTED AT HOME FOR YOUR REFERENCE !!!!

This page provides basic information and the Camp rules. Please read carefully and review it with you Cub Scout prior to camp. All information is required for the safety, health and well-being of everyone at camp. The 3 attached pages must be filled out and returned prior to attending camp.

General Information

Location: Silver Gate Day Camp is held at Hanns Park. The park is on Skyline Drive at Redwood Parkway 2 blocks East of I80 in Vallejo (*see map*)

Day Camp Hours: Monday, Tuesday, Wednesday and Friday – 8:30 - 3:30
Thursday - Noon – 6:00 p.m.

Thursday night is Family Night. Each family brings a picnic dinner and signs their son out at 6:00 pm. Following your family's picnic supper, the boys will provide a short program.

Registration: General registration is available on line at <http://www.bsa-mdsc.org/silvergate>. On site registration will be available. However, all paperwork must be completed before your child can attend camp. Please arrive a little early and be prepared to wait in line.

Cost: Register on or before May 15 and the cost is \$100.00 - Register May 16 thru Aug 3 the cost is \$125.00. Any adult volunteer who staffs day camp for 5 full days will receive a refund of \$75 from their son's registration at the end of camp

Camp Attire: Boys will receive their camp T-shirt Monday. This T-shirt must be worn and visible **EVERY** day. Boys may wear either pants or shorts depending on weather. Shoes and socks are required, **NO** sandals or open toes shoes. **DO NOT** wear your Cub Scout Uniform.

Note: All Scouts and volunteers should eat breakfast (or lunch on Thursday) before they come to camp.

First Aid

A registered nurse or EMT will be in camp each day. Please be certain we have all emergency information for your child at camp in the camp records. All medications **MUST** be turned over to the medic in its' original bottle with instructions. Medications (excluding asthma inhalers) **MAY NOT** be carried around camp. Asthma inhalers must be signed in with the medic at the start of each day.

EMERGENCY EVACUATION

In the event of fire, severe weather or other major emergency where evacuation is necessary, the campers will be evacuated to the Elks Lodge (across the street and one block west) *see map*. Under these circumstances, parents will pick up their children at the Elks Lodge

The Rules

- Obey the Cub Scout Promise and Law of the Pack
- Show respect for leaders and staff
- No profane or crude language
- Respect the space of others, No pushing, hitting or poking
- Boys **MUST** stay with their buddy at all times, especially when leaving their Den.
- Boys must stay with their Den unless they have their Den Leaders permission to leave
- NO WEAPONS-** Knives (even your Scout knife), guns, fireworks or any item the staff may deem a weapon or explosive will be confiscated and may be turned over to the Vallejo Police Dept.

Bring A Brown Bag Lunch – no glass, mayo or milk products, Camp does **NOT** have food refrigeration.
Swim Suit and Towel – boys will swim twice during the week. – Den Leaders will have schedules available once the Cub is assigned to a den. Swim suits are required **NO CUT OFFS**
Optional: A healthy snack, a water bottle (water will be provided around camp) a hat, sunscreen

DO NOT Bring: Your Scout uniform, Money, Electronics- (including- IPods, radios, handheld games), Valuable cameras or watches

These will be confiscated and returned only to parents

**WE ARE NOT RESPONSIBLE FOR ANY LOST OR STOLEN ITEMS.
PLEASE DO NOT SEND ANY VALUABLE ITEMS TO CAMP**

Silver Gate District Cub Scout Day Camp
Cub Scout Registration Form

Mt. Diablo Silverado Council
This form will be kept on file by the Camp Director

Cub Scout's Name: _____ Address _____ City _____ Zip _____

Parent or guardian Name _____ Address If Different from Scout _____ City _____ Zip _____

Phone _____ Cell or office phone _____ Parent's e-mail address _____

Is parent in camp () Yes () No (if yes) Assigned Area _____

Pack # _____ Den # _____ Birth date _____ Rank As of September 2009 (circle one)
Tiger Wolf Bear Webelos I Webelos II

IN CASE OF EMERGENCY

Include self and LOCAL EMERGENCY CONTACT that will be available IF PARENT/GUARDIAN CANNOT BE REACHED

Name: _____ Relationship: _____

Phone _____ Cell or office _____

Name: _____ Relationship: _____

Phone _____ Cell or office _____

Family Physician _____ Phone _____

Insurance _____ Policy # _____

Family Dentist _____ Phone _____

Medical Alert Information _____ Date of last Tetanus Shot _____

Cub Scout has or is subject to: (check all that apply)

- | | | | |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Digestive Problems | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Nose Bleeds |
| <input type="checkbox"/> Bee Sting | <input type="checkbox"/> Ear Nose or Throat | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Fainting | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Muscular/Skeletal |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> ADHD | | |

(specify): _____

Other _____
(specify) _____

Please explain any conditions requiring special care, medication, diet or emotional needs. List any restriction on physical activity and any medication being taken by Scout. _____

The following persons are authorized to pick up and or drop off my son from Cub Scout Day Camp. I understand that my son will not be released to anyone NOT on this list

1. _____ 2. _____

3. _____ 4. _____

Anyone specifically NOT allowed to pick-up or drop off your child please identify _____

I give my permission for full participation in BSA program, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me. In the event I can not be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery or injections of medications for my child

Parent or Guardian Signature _____

Date _____

This form will be kept by the Camp Medical Officer

Cub Scout's Name: _____ Address _____ City _____ Zip _____

Phone _____ Cell or office phone _____ Parent's e-mail address _____

Is parent in camp () Yes () No (if yes) Assigned Area _____

IN CASE OF EMERGENCY (self and alternate)

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Phone _____ Cell or office _____

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Phone _____ Cell or office _____

Family Physician _____ Phone _____

Insurance _____ Policy # _____

Family Dentist _____ Phone _____

HEALTH HISTORY Date of last Tetanus Shot _____

Cub Scout has or is subject to: (check all that apply)

- Asthma Digestive Problems Hemophilia Nose Bleeds
- Bee Sting Ear Nose or Throat High Blood Pressure Seizures
- Convulsions Fainting Leukemia Vision Problems
- Diabetes Heart Trouble Lung Disease Muscular/Skeletal
- Allergies ADHD

(specify): _____

Other _____

(specify) _____

Please explain any conditions requiring special care, medication, diet or emotional needs. List any restriction on physical activity and any medication being taken by Scout. _____

Any restrictions for medical reasons _____

Any conditions requiring Medication: _____

Any medications taken within 30 days of this activity _____

Self administered medications: _____

Medical Officer Administered Medications _____

MEDICATION at camp must be turned in to and administered by the Camp Medical Officer. Self administered medication (inhalers) must be signed in each day through the medic. It is YOUR responsibility to drop off and pick up medications. Any medications not picked up by Friday following camp, will be disposed of. If your child needs medications while at camp, please complete and sign below. Note: One signature is required for self-administered medications and one is for Camp Medical Officer administered medications. ALL medications MUST come in original container (NO plastic bags etc) with prescribing doctor's name, phone number, and directions; along with this signed and completed authorization form.

Parent or guardian signature for medical officer administered medications _____ Date _____ Parent or Guardian Signature for self administered Medications _____ Date _____

I give my permission for full participation in BSA program, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me. In the event I can not be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery or injections of medications for my child

Parent or Guardian Signature _____ Date _____

Den Roster

Silver Gate Cub Scout Day Camp
Mt. Diablo Silverado Council

Number where you can be reached if
Approved driver fails to pick-up your Child

Cub Scout's Name
Is parent in camp () Yes () No
(if yes)
Name _____

Assigned Area _____

Cub Scouts **MUST** be signed IN and OUT each day. **NO DROP OFFS**. Please list anyone who will, or may, pick up your child from camp. You may find it helpful to include an emergency back up. We **WILL NOT** release your child to anyone not on this list!! Exception: if you find it absolutely necessary for someone else to pick up your Scout, you must send a written, signed and dated permission. ***Any child not picked up by end of camp whose parent or member of their approved list can not be reached may be turned over to the Vallejo Police department.*

Please list those approved to pick-up or drop-off you child. *If needed, additional drivers may be listed on back*

Name	Contact Telephone Number
Name	Contact Telephone Number
Name	Contact Telephone Number
Name	Contact Telephone Number

	Sign In	Sign Out
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

This page goes to the Den Leader who will accompany your child in camp each day. If there are any issues we should be aware of please use the space below to explain. (i.e. Asthma, ventolin inhaler, allergies etc.)

***MEDICAL
ALERT***