

**CHATTAHOOCHEE DISTRICT
2009 CUB SCOUT TWILIGHT CAMP**

Chattahoochee River Environmental Education Center, 8615 Barnwell Road, Alpharetta, GA 30022
Sunday, June 7 - Thursday, June 11, 2009

INSTRUCTIONS AND IMPORTANT INFORMATION FOR PARENTS AND DEN LEADERS

Please save these instructions

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- Every registered scout, sibling, and full-time adult must each submit a separate Annual Health and Medical Record (BSA Form 34605).
- All Annual Health and Medical Record Forms will be returned or destroyed at camp's end.

WHAT IS TWILIGHT CAMP?

Cub Scout Camp is a wonderful opportunity for the Cub Scout to participate in activities that are both fun and help them continue in their Cub Scout advancement trail. Activities may include the following: Arts, Crafts, Sports, Wood-working, Cooking, Songs, Nature, Leatherwork, Games, Special events and beginning Boy Scout skills (for the 2nd year Webelos). The program is for Wolves, Bears, and Webelos Scouts. (Tigers of the 2008-2009 school year will graduate to Wolves in May, and are eligible for camp.) Chattahoochee District Cub Scout Camp is a place for boys from many packs to have fun and make new friends! Boys will be assigned to CAMP DENS for the week. Camp Dens will consist of about 10 boys from several random packs, about 100 boys total, 20 each of Wolf, Bear, Webelos-I, and Webelos-II. Adequate adult volunteers are essential. All trained leaders are asked to please consider participating.

WHEN IS TWILIGHT CAMP?

Only one session is offered this year in the Chattahoochee District:
Twilight Camp, Sunday - Thursday, June 7-11th, 4:30 PM-8:30 PM

WHERE IS TWILIGHT CAMP?

Chattahoochee River Environmental Education Center
8615 Barnwell Road, Alpharetta, Georgia 30022

FEE SCHEDULE:

April 21st:	\$ 95.00 per Cub Scout Camper
May 22nd:	\$115.00 per Cub Scout Camper
May 22nd:	Last Day to cancel for full refund.
After May 22nd:	Cancellations incur \$50.00 penalty.

DISCOUNT:

Each FULL TIME adult volunteer receives \$25 discount off regular \$95 fee for one of their Scouts.

E.g. 1 adult volunteer, 2 children = first child \$70, second child \$95.

E.g. 2 adult volunteers, 2 children = both children at \$70 each.

WHERE CAN I FIND MORE INFORMATION:

To download this form and for a link to the Annual Health and Medical Record, or for on-going information about twilight camp: <http://pack2006.org/twilight/index.html>

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VOLUNTEERS:

Cub Scout Camp needs many volunteers to run a safe effective program. Twilight Camp requires approximately 90 Full Time volunteers. Please read the following carefully.

- Full Time volunteers should submit applications to register themselves and their son(s) for camp beginning immediately.
- For every 1-3 Camper applications (including sibling camper applications) from your pack, there must be at least one full time adult camp volunteer registered to assist at that camp session. (for example: two scouts and one sibling application requires One Full-Time Volunteer, four scouts from your pack will require two full-time volunteers). If your son wants to attend and there are no other adult volunteers from your pack, you must volunteer yourself. It's FUN ---try it, you'll like it! No experience necessary and we offer training!
- Full time volunteers whose applications are accepted to meet staffing needs will be given priority acceptance of Cub Scout Camper registrations for their family members. Two adults from your pack may equal one Full-Time Volunteer if all 5 days are covered.
- Part time adult volunteer applications will be accepted when general registration for Campers begins on April 1st. See below. Remember that full time volunteer applications are accepted immediately.
- Volunteers at camp need to arrive 30 minutes prior to start of camp (by 4:00pm) and may need to stay up to 30 minutes after camp. A daily Camp Staff meeting is held at 4:15pm - all staff is required to attend this daily meeting.
- All volunteers need to have current Youth Protection Training certification (**completed after June 11, 2007**). Available on-line at <http://olc.scouting.org/>.

CUB SCOUT CAMPER APPLICATION:

- Camper applications will be accepted on a first come first serve basis based on space available and number of volunteers from your Pack. (Minimum volunteer to camper ratio, including both Cubs and siblings, of 1:3 must be met).
- Be sure to send all of the following: complete registration form, Annual Health and Medical Record form, and payment to the Camp Director.
- General registration camper applications may not be postmarked before April 1st.

SIBLING CAMP:

Sibling Camp is a special program available for children of full time volunteers only while the adult is at camp, no exceptions. This Camp is designed to keep campers' siblings busy during the Cub Scout camp session so that their parent can volunteer at camp. For example, if the volunteer is ill and does not work at camp that day, the sibling must stay home as well.

Sibling Camp activities include crafts, playground, water play, songs, games, puppet show, snack and quiet time.

The criteria for the sibling camp is as follows:

- 1) Children must be potty trained (only portable toilets available).
- 2) Boys and Girls: 3-7 years old
- 3) Girls 8-11 years may have their own program of age-appropriate activities if we have adequate volunteers.

The fee for Sibling Camp is \$40 per camper and includes one camp T-shirt.

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T-SHIRT INFORMATION:

ONE T-shirt per Cub Scout, Sibling and Full Time Adult Volunteer is included with each registration. Part time volunteers are required to purchase the camp T-shirt at a discounted price of \$5.00 per shirt. Please note that T-shirts may be different colors for Cub Scouts, Siblings and Adult Volunteers. When ordering extras be sure T-shirt information is correct on each registration form.

SUBMITTING APPLICATIONS:

Please mail all applications & medical forms, along with your check(s) payable to "Atlanta Area Council, BSA" to the Camp Director.

- Only full-time adult volunteers and their children may register before April 1st.
- All other Cub camper registrations and Part-Time adult volunteers must be sent April 1st or later.

MAKE CHECKS PAYABLE TO:

"Atlanta Area Council, BSA"

Please place account number "1.6801.222.20" in the memo field

MAIL ALL CHECKS, REGISTRATION FORMS, AND MEDICAL FORMS TO:

TWILIGHT CAMP c/o
William Leach
1200 Martin Ridge Road
Roswell, Georgia 30076

CONFIRMATION:

By May 15th you will receive confirmation and more information about camp. To save on postage expenses confirmations may be sent by e-mail. Please ensure your application has at least one valid e-mail address.

CAMP DIRECTORS:

A team of trained camp directors will coordinate the Cub Scout Twilight Camp programs.

John Roland, District Executive
Bill Leach, Camp Director
Trent Orndorf, Program Director

For efficiency in communicating at this time, please use the following contacts:

- General questions about Chattahoochee District Cub Scout Camp should be directed to:
Bill Leach, Camp Director
E-mail: twilight@pack2006.org
Office: 678-682-8148
Mobile: 404-717-7706

We are busily planning a great Chattahoochee District Cub Scout Twilight Camp,

We look forward to you and your Cub Scout being there!

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ADULT REGISTRATION FORM

Full-Time volunteer (all 5 days of camp) Part time volunteer-circle days:_____

ADULT NAME: _____ BIRTHDATE: _____ PACK# _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE _____

Day: _____ Eve: _____ E-MAIL: _____

Current Scouting positions (Boy or Girl) _____

Previous Scouting positions, incl. Cub Scout Camp _____

Name of Cub Scout 1 attending Camp: _____ Current Grade: _____

Birthdate: _____

Name of Cub Scout 2 attending Camp: _____ Current Grade: _____

Birthdate: _____

Name of Cub Scout 3 attending Camp: _____ Current Grade: _____

Birthdate: _____

Name/Age of any Siblings attending Camp _____

T-SHIRT SIZE (Circle One/Adult Sizes): Small Medium Large X-Large XX-Large XXX-Large

(T shirt is required camp uniform) As a reminder: ONE T-shirt is provided per full time volunteer; Part Time volunteers pay \$5 for first T shirt.

Extra shirts (\$10.00 each) # _____ size(s) _____ Total \$ _____ (for extra volunteer shirts)

AREAS OF INTEREST:

Please indicate your 1st, 2nd, 3rd 4th, 5th choice, etc. Write "NO" next to any activity you are opposed to helping with. If you are interested in volunteering as the Activity Director for one of the areas listed below, or have any questions about camp, please contact Camp Director - Bill Leach at twilight@pack2006.org or 678-682-8148.

Position Number required Choice # Additional Comments

- | | | |
|--|---|---|
| <input type="checkbox"/> Camp Directors trainees | <input type="checkbox"/> Camp Nurse | <input type="checkbox"/> Camp Medical Doctor (On Call only) |
| <input type="checkbox"/> Den Guide | <input type="checkbox"/> Assitant Den Guide | <input type="checkbox"/> Sibling Camp Guide |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Woodworking | <input type="checkbox"/> Woodwork cutting (Pre camp) |
| <input type="checkbox"/> Leather | <input type="checkbox"/> Nature | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Sports/Games | <input type="checkbox"/> Fishing | <input type="checkbox"/> Other: _____ |

REMARKS: _____

• Are you certified through June 11, 2009 in: CPR RN MD (Circle all that apply.)
Please enclose a copy of proof of certification with this registration form if available.

Expiration date: _____

I am volunteering my time and I will do my best to provide my son and other Cub Scouts a safe and quality camp program.

Signed: _____ Date: _____

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CUB SCOUT REGISTRATION FORM

CUB SCOUT INFORMATION:

Please complete a separate registration and medical form for each scout, sibling, and adult attending camp.

SCOUT NAME: _____ AGE: _____ BIRTHDATE: _____

PARENT'S NAMES: Mother _____ Father _____

Mother Full-Time Volunteer? YES / NO Father Full-Time Volunteer? YES / NO (circle one)

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE (Day) _____ (Eve) _____ E-MAIL: _____

PACK # _____ DEN # _____ (** we depend on above email for communication)

What rank is your Scout for the current 2008-2009 school year:

Tiger (1st Grade) Wolf (2nd Grade) Bear (3rd Grade) Webelos-I (4th Grade)

Other: (Explain) _____

PHOTO RELEASE: I give permission for my child to appear in official documentary camp pictures.

(** without this, we may not be able to document all the wonderful activities at camp.)

CUB SCOUT MEDICAL INFORMATION: Include a complete Annual Health and Medical Record form with registration.

CAMP T-SHIRT:

ONE T-shirt per Cub Scout is included in the camp registration fee

Indicate Size: YouthSmall YouthMedium YouthLarge AdultSmall AdultMedium AdultLarge

Extra shirts (\$10.00 each prepaid) # _____ size(s) _____ Total \$ _____

PAYMENT OF FEES:

Please include a separate form and check for EACH Cub Scout registration including extra T-shirts. DO NOT SEND ONE CHECK FOR A GROUP OF CAMPER OR SCOUTS!

WHO IS AUTHORIZED TO PICK UP YOUR CHILD FROM CAMP?

Please complete this section on next page of this registration form.

I understand that this application must be postmarked no earlier than April 1, unless it is accompanied by an application for a full time adult volunteer, applications will be processed in the order received.

Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Parent/Guardian Signature: _____ Date _____

(Please complete page two of this registration form)

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PRE CAMP HELP:

Pre-camp help in cutting wood projects or craft preparation is needed.

I, _____, can help with _____

Call me at: _____ or E-mail at: _____

BEFORE YOU SEND THIS APPLICATION, double-check the following:

- I have filled out this registration information completely.
- Completed and signed Annual Health and Medical Record is enclosed for each Cub Scout.
- Camp T-shirt information is complete.
- I understand that my son will be assigned to a "camp den" consisting of boys from several different packs.
- If I am volunteering, my adult application is completed. Please also include a copy of your current Youth Protection certification
- Sibling registration and medical forms are completed (if applicable).
- I understand that applications and forms must be complete to be processed.
(Incomplete applications will not be processed)
- Requested pick up authorization information is complete.
- Payment for correct amount is being mailed to the Camp Registrar.
- A separate check for each Camper is required.

REMINDER: Send no sooner than April 1st. Applications sent earlier than April 1st will NOT be processed unless accompanied by a Full-Time adult volunteer application. Full-Time Volunteers are urged to send their applications NOW. Space is limited and fills up quickly.

PLEASE FILL OUT THE INFORMATION CARD BELOW:

Items with an * will be completed by camp staff. You will be given this information with the camper information packets.

PICKUP AUTHORIZATION: CAMPER NAME: _____

Is there anyone who is specifically NOT authorized to pick up this child?

If yes, please list name(s): _____

Adults authorized to pick up my child:

Name: _____ Phone: _____

Name of Parent/Guardian Phone #:

Name: _____ Phone: _____

Name: _____ Phone: _____

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SIBLING REGISTRATION FORM

This form may only be submitted along with a FULL TIME adult volunteer application

ABOUT SIBLING CAMP:

Sibling Camp is a special program available for children of full time volunteers only while the adult is at camp, no exceptions. This Camp is designed to keep campers' siblings busy during the Cub Scout camp session so that their parent can volunteer at camp. For example, if the volunteer is ill and does not work at camp that day, the sibling must stay home as well.

Sibling Camp activities include crafts, playground, water play, songs, games, puppet show, snack and quiet time. The criteria for the sibling camp is as follows: 1) Children must be potty trained; 2) Boys and Girls ages 3-7 years old; 3) Girls: 7-11 years old (Completed first through fifth grade) may have their own program of age-appropriate activities.

The fee for Sibling Camp is \$40 per camper (includes one camp T-shirt).

Please fill out a separate registration form for each child. Complete a separate Annual Health and Medical Record form for each child and include it with this application.

NAME OF CHILD: _____ Birthdate _____

CIRCLE ONE: Boy Girl Grade (If applicable) _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE (Day) _____ (Eve) _____ E-MAIL: _____

NAME OF VOLUNTEER: _____

CAMP T-SHIRT: As a reminder: ONE T-shirt per Child is included in the camp registration fee. Extra T-shirts may be ordered (\$10 each prepaid).

Indicate Size: YouthSmall YouthMedium YouthLarge AdultSmall AdultMedium AdultLarge

Extra shirts (\$10.00 each) # _____ size(s) _____ Total \$ _____ (for extra child T-shirts)

REGISTRATION FEES: \$40.00 per Child. (Separate checks for each child please)

BEFORE YOU SEND THIS APPLICATION, double-check the following:

- Completed Sibling registration form...
- Completed Annual Health and Medical Record. **(A separate medical form is required for each child)**
- Ordered extra shirts (optional)
- Attach this form to the Full Time Adult Application.
- Written a separate check for each Sibling Camper.