2013 Cub Scout Day Camp

District	Unit /Pack#

REGISTRATION FORM ***Completely Fill out one form for EACH Youth and EACH Adult attending Camp.***

All information must be filled out & accompanied by Health Form, Photo & payment to be accepted and qualify for Early Bird Rate.

Application is for: Youth ☐ Adult ☐ Sibling ☐ Tot Lot ☐ (Tot Lot Palos Hts. Location only)

What rank will the Cub Scout be for the NEXT (2013-2014) Scout Year

Tiger (1st Grade) ☐	Wolf (2nd Grade) ☐	Bear (3rd Grade) ☐	Webelos I (4th grade) ☐	Webelos II (5th Grade) ☐

Size T-Shirt for the person on this application

☐ Youth M ☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL ☐ Adult XXL ☐ Adult XXXL

Extra Shirts

☐ Youth M $8.00 ☐ Adult S $8.00 ☐ Adult M $8.00 ☐ Adult L $8.00 ☐ Adult XL $8.00 ☐ Adult XXL $8.00 ☐ Adult XXXL $12.00

If this application is for a Youth under 18 years of age a parent or legal guardian must sign this form.

SIGNATURE_____**DATE**_____

First Name _____ _____

Address _____

City _____ State _____ Zip Code _____

Phone ___-___-____ Birth Date ___ ___ ___

E-mail _____

NOTE: If you are attending as an Adult Walker (Den Leader or a Parent) please make sure your Pack has one adult walker for every 1-5 boys. Example: If you are bringing 1-5 boys, you need to stay with them. If you are bringing 6-8 boys, you need two adults. **Have you or will you apply for a Campership Yes___ No____**

North Park Village **Date: June 25 – 28, 2013** **5801 N. Pulaski Ave., Chicago, IL**	**Twilight Camp St Stanislaus CCD** **Date: July 9 -12, 2013** **1255 N. Noble, Chicago, IL**	**Trinity Christian College** **Date: July 16 -19, 2013** **6601 W College Dr., Palos Hts., IL**
Early Bird Registration: $75.00 _____ (by 04/15/2013)	**Early Bird Registration:** $75.00 _____ (by 05/15/2013)	**Early Bird Registration:** $75.00 _____ (by 05/15/2013)
Regular Registration $95.00_____ (after 04/15/13)	**Regular Registration** : $95.00 _____ (after 05/15/13)	**Regular Registration** : $95.00 _____ (after 05/15/13)
Adult Registration : $20.00 _____	**Adult Registration** : $20.00 _____	**Adult Registration** : $20.00 _____
Optional Thursday Overnight: $20.00 Per Person #_____@$20.00ea_____	**Bus Fee:** $20.00 _____	**Tot Lot Registration:** $50.00 _____ (ages 3 to 5 years old) **Optional Thursday Overnight:** $20.00 Per Person #___ @$20.00ea_____
Applied Camp Cash: $_____	**Applied Camp Cash:** $_____	**Applied Camp Cash:** $_____
Extra T-Shirts: $ _____	**Extra T-Shirts:** $ _____	**Extra T-Shirts:** $ _____
TOTAL $_____	**TOTAL:** $ _____	**TOTAL:** $ _____
Questions?	**Questions?**	**Questions?**
Diane Gedroc:773-792-2957 **Shar Wyatt: 708-453-5121**	**Karla Larios: 773-319-4232** **Gale Lewis: 773-277-0821**	**Tammy Lorz: 708-424-5652** **Helen Gesell: 708-955-6418**

Make Checks Payable to: *CHICAGO AREA COUNCIL BSA*

Mail This Registration Form & Health Form, with Photo and Payment to:

Chicago Area Council, BSA, ATTN: DAY CAMP REGISTRATION, 1218 W Adams St, Chicago IL 60607-2602

In order to qualify for Early Bird Rate ALL forms must be completely filled out; this form, the health form, photo and payment must ALL be submitted together before deadline.

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS: You must designate at least one adult. Please include a telephone number

ADULTOS AUTORIZADOS PARA TRANSPORTAR AL NIÑO HACIA Y DESDE LOS EVENTOS: Debe designar por lo menos a un adulto. Por favor incluya un número telefónico.

1. Name/Nombre_____Telephone/Teléfono _____

2.Name/Nombre_____Telephone/Teléfono_____

3.Name/Nombre_____Telephone/Teléfono_____

Adults NOT authorized to take youth to and from events/Adultos NO autorizados para transportar al niño hacia y desde los eventos:

1.Name/Nombre_____Telephone/Teléfono_____

2.Name/Nombrre_____Telephone/Teléfono_____

3.Name/Nombre_____Telephone/Teléfono_____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve: I have also read and understand the risk advisories explained in Part D, *including height and weight requirements and restrictions,* and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the healthcare provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Entiendo que, si cualquier información que he/hemos proporcionado es errónea, puede limitar o eliminar la oportunidad de participación en cualquier evento o actividad. Si participo en Philmont, el Centro de Capacitación Philmont, Northern Tier, la Base Marina de la Florida o Summit Bechtel Reserve: También he leído y entiendo las advertencias de riesgo explicadas en la Parte D, *incluyendo los requisitos y restricciones de estatura y peso*, y entiendo que al participante no se le permitirá intervenir en programas de aventura extrema si dichos requisitos no se cumplen. El participante tiene permiso de intervenir en todas las actividades de aventura extrema descritas, excepto aquellas específicamente señaladas por mí o el proveedor de servicios médicos. Si el participante es menor de 18 años, se requiere la firma de el padre/ madre o tutor.

Parent/guardian'ssignature/
Firmadelpadreo tutor _____Date/Fecha_____

Part B/Parte B

Informed Consent and Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes 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. I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

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.

NOTIFICACIÓN DE CONSENTIMIENTO Y EXONERACIÓN DE RESPONSABILIDAD

Entiendo que la participación en actividades Scouting implica un cierto grado de riesgo y que pueden ser física, mental y emocionalmenteagotadoras. Asimismo, entiendo que la participación en dichas actividades es completamente voluntaria y requiere que los participantes se acaten a las reglas y estándares de conducta pertinentes. En caso de que yo, o mi hijo, nos veamos involucrados en un caso deemergencia, entiendo que se hará todo lo posible para contactar al individuo mencionado como persona a contactar en caso de emergencia. En caso de que dicha persona no pueda ser localizada, por este medio otorgo permiso al proveedor de servicios médicos seleccionado por el líder adulto a cargo para asegurar que se proporcione el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mí o mi hijo. Los proveedores médicos están autorizados a compartir información médica protegida con el adulto a cargo, el personal médico del campamento, la administración del campamento, o cualquier médico o proveedor de servicios medicos involucrado en la administración de atención médica al participante. La Información médica protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§160.103, 164.501, etc., y siguientes como se enmiendan de vez en cuando, incluye resultados de reconocimientos médicos, resultados de pruebas y tratamiento proporcionado para propósitos de evaluación médica del participante, seguimiento y comunicación con los padres o tutor del participante, y determinación de la habilidad del participante de continuar con las actividades del programa .He considerado cuidadosamente el riesgo implicado y he dado el consentimiento para mí mismo o mi hijo de participar en dichas actividades. Apruebo que se comparta la información contenida en este ormulario con los voluntarios y profesionales de BSA que necesiten tener conocimiento de condiciones médicas que puedan requerir consideración especial para la realización de actividades Scouting de manera segura. Eximo a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda reclamación o responsabilidad que surja a raíz de esta participación

Without Restrictions/ Sin Restrictions **With Special Considerations or Restrictions (List) /Con Condiciones especiates o restricciones (lista)**

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby 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 liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said Photographs, film, videotapes, electronic representations and/ or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes / Si **No / No**

Por este conducto asigno y otorgo al concilio local y a Boy Scouts of America el derecho y permiso para usar y publicar las fotografías/películas/ videocintas/representaciones electrónicas y grabaciones de sonido de mí o mi hijo realizadas en todas las actividades Scouting, y por este medio exonero a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda responsabilidad por dicho uso y publicación. Por este conducto autorizo la reproducción, venta, derechos reservados, exhibición, transmisión, almacenamiento electrónico y distribución de dichas fotografías/películas/ videocintas/representaciones electrónicas y grabaciones de sonido sin limitación a discreción de Boy Scouts of America, y específicamente renuncio a cualquier derecho de compensación alguna que pueda tener por cualquiera de lo anterior

Cancellation and Refund Policy

All cancellations must be communicated to the camping department by fax, phone or email prior to the end of the month previous to camp, to receive a full refund for any reason. Cancellations received prior to camp but after the deadline will only be considered in circumstances of emergencies or health issues. These will be approved by the Camping Director. No refund requests will be considered after the completion of camp. If camper does not attend camp and does not communicate this to the camping department prior to end of camp, they will not be issued a refund.

Cancellation and Refund Deadlines

North Park Village: June 11th, Central Twilight Camp June 25th, Trinity Christian College: July 2nd

Camping Department Contact Information

Phone: 312-421-8800 x255 **Fax: 312-421-4725** **Email: sandie.gromala@scouting.org**