



Dear Parents and Cub Scouts,

Thank you for your reservation to participate in our Cub Day Camp program. Enclosed with this letter are several important documents that you will need to fill out and bring to camp with you.

- ◆ Medical Form: Every person coming to camp will need to have a completed medical form (youth and adults). **Please complete Part A and B only for day camp program.**
- ◆ Permission Form: Every child who wants to participate in the BB's and Archery activities need to have permission from a parent/guardian.

If you have any questions, please call the Camping Department at 626-351-8815, Ext. 237 for Maggie or Ext. 249 for Sonia



San Gabriel Valley Council, Boy Scouts of America
3450 E. Sierra Madre Blvd.
Pasadena, CA 91107



Each Scout registered for Day Camp will receive a camp t-shirt and patch.

Drop off and Pick up:

- Drop off / Monday – Friday starts at 8:00 am
- Pick up starts at 2:45 pm Monday – Friday, must depart camp by 3:15 pm each day

Scouts can not be dropped off before 8 am on Monday – Friday.

Scouts must be picked up no later than 3:15 pm each day. There is no child care available before or after program ends.

Things to bring to camp:

- ❖ A daypack filled with swimsuit, towel, sunblock, **bug repellent**, water bottle, snack and lunch. **No meals or food will be available at camp Monday-Thursday.**
- ❖ **A medical form for each person entering and staying at camp (youth AND adult) will need to be turned in to the camp staff. Please fill out Part A and B.** This does not require a physician's signature. It is for emergency medical information only.
- ❖ Consent to use BB and archery equipment for every child, signed by a parent/guardian.
- ❖ If you are coming as a unit and plan to have a **different adult each day of the week**, please make sure to communicate daily about the achievements completed that day and what they need to do to prepare for the next day of camp.
- ❖ Wear comfortable shoes for walking around camp and lake area; water shoes may be worn only at the pool area. **No sandals!**

Advancements

Scouts must attend each day of camp to complete the following achievements.

- | | |
|-----------------------------|------------------------------|
| * Archery Belt Loop | * Nutrition Belt Loop |
| * Art Belt Loop | * Physical Fitness Belt Loop |
| * BB's Shooting Belt Loop | * Science Belt Loop |
| * Map and Compass Belt Loop | * Swimming Belt Loop |



Fun Activities

- | | |
|------------|----------|
| • Boating | • Games |
| • Swim Fun | • Crafts |



Parking

Vehicles remaining in camp the entire day must be parked in the campground parking lot up the hill. Handicap parking and provisional Scout drop off parking will be available in the administrative parking area by the pool. There will be no driving of vehicles when camp is in session.

**Thank you for visiting
Camp Trask!**



2012 Cub Day Camp Advancement Requirements

For your information listed below are the belt loop requirements that will be covered at day camp.

Art Belt Loop

Complete these three requirements:

1. Make a list of common materials used to create visual art compositions.
2. Demonstrate how six of the following elements of design are used in a drawing: lines, circles, dots, shapes, colors, patterns, textures, space, balance, or perspective.
3. Identify the three primary colors and the three secondary colors that can be made by mixing them. Show how this is done using paints or markers. Use the primary and secondary colors to create a painting

Map and Compass Belt Loop

Complete these three requirements:

1. Show how to orient a map. Find three landmarks on the map
2. Explain how a compass works.
3. Draw a map of your neighborhood. Label the streets and plot the route you take to get to a place that you often visit.

Nutrition Belt Loop

Complete these three requirements:

1. Make a poster of foods that are good for you. Share the poster with your den.
2. Explain the difference between a fruit and a vegetable. Eat one of each.
3. Help prepare and eat a healthy meal of foods that are included in a food pyramid. (With your parent's or partner's permission, see <http://www.mypyramid.gov>)

Archery Belt Loop - Complete these three requirements:

1. Explain the rules for safe archery that you have learned in the district/council camp or activity you are attending with your leader or adult partner.
2. Demonstrate to your leader or adult partner good archery shooting techniques, including the stance and how to nock the arrow, establish the bow, draw, aim, release, follow-through and retrieve arrows.
3. Practice shooting at your district or council camp for the time allowed.

BB's Shooting Belt Loop - Complete these two requirements:

1. Explain the rules for Safe BB gun shooting you have learned to your leader or adult partner.
2. Demonstrate to your leader or adult partner good BB gun shooting techniques, including eye dominance, shooting shoulder, breathing, sight alignment, trigger squeeze, follow through.
3. Practice shooting at your district or your council camp in the time allowed.

Physical Fitness Belt Loop

Complete these three requirements:

1. Give a short report to your den or family on the dangers of drugs and alcohol.
2. Practice finding your pulse and counting your heartbeats per minute. Determine your target heart rate.
3. Practice five physical fitness skills regularly. Improve performance in each skill over a month. Skills could include pull-ups, curl-ups, the standing long jump, the 50-yard dash, and the softball throw.

Science Belt Loop

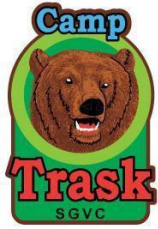
Complete these three requirements:

1. Explain the scientific method to your adult partner.
2. Use the scientific method in a simple science project. Explain the results to an adult.
3. Visit a museum, a laboratory, an observatory, a zoo, an aquarium, or other facility that employs scientists. Talk to a scientist about his or her work.

Swimming Belt Loop

Complete these three requirements:

1. Explain rules of Safe Swim Defense. Emphasize the buddy system.
2. Play a recreational game in the water with your den, pack, or family.
3. While holding a kick board, propel yourself 25 feet using a flutter kick across the shallow end of the swimming area.



**SAN GABRIEL VALLEY COUNCIL
BOY SCOUTS OF AMERICA**



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At the council's camps, the children have the opportunity to participate in the activities listed below. However, to participate, they must have the consent of their parent or guardian. Please indicate with a check mark, those activities which will apply to your child and the camp he/she is attending, sign and date the form and send it to camp with your child.

I give consent for _____, who is my son/daughter or ward, to use the following equipment:

The following are offered at all three camps, but not for all programs; refer to the camp guide for the program you will be attending.

- Archery Pack Troop Team Crew Post
- B.B. Guns Unit Number: _____
- .22 Rifles (Boy Scouts/Adults only)
- Shot Guns (Boy Scouts/Adults only)

At

- Camp Trask

Parent/Guardian Signature

Date

Print Name of Parent/Guardian

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

High-adventure base participants:

Expedition/crew No.: _____
 or staff position: _____

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) _____
 City _____ State _____ Zip _____ Phone No. _____
 Unit leader _____ Council name/No. _____ Unit No. _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

HEALTH HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea) Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
 Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed (form required).

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
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Administration of the above medications is approved by (if required by your state): _____ / _____
 Parent/guardian signature and/or MD/DO, NP, or PA signature

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Full name:

Part B

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

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.

Without restrictions.

With special considerations or restrictions (list) _____

TALENT RELEASE AGREEMENT

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 No

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

You must designate at least one adult. Please include a telephone number.

1. Name _____ Telephone _____

2. Name _____ Telephone _____

3. Name _____ Telephone _____

Adults NOT authorized to take youth to and from events:

1. Name _____

2. Name _____

3. Name _____

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, or Florida Sea Base: 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 health-care provider.

Participant's name _____

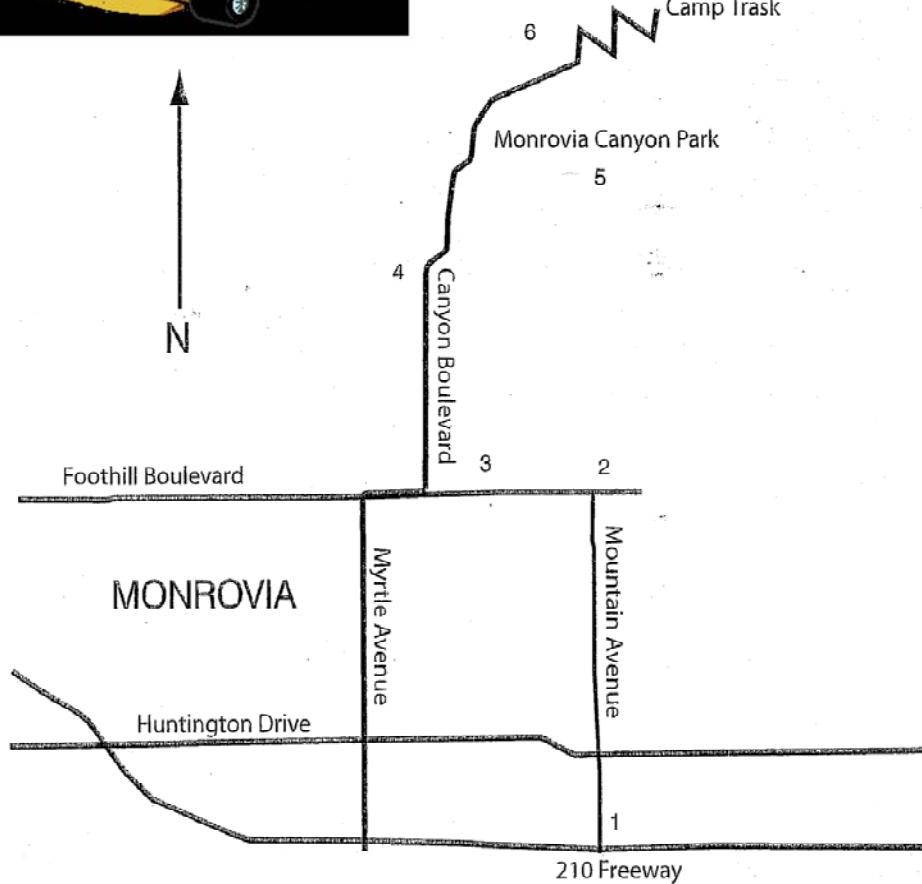
Participant's signature _____ Date _____

Parent/guardian's signature _____ Date _____

(if participant is under the age of 18)

This Annual Health and Medical Record is valid for 12 calendar months.

Part B Full name: _____ **DOB:** _____



Cub Day Camp 2012
Bridge Comb: 1111
Canyon Park Front Gate Comb:
June 18-22: 9335 June 25-29: 6205 July 9-13: 6401

Directions to Trask Scout Reservation

Take the 210 Freeway to the Mountain Avenue offramp, in Monrovia. Exit at Mountain, and turn north towards the mountains. Follow Mountain up to Foothill Blvd. Turn left on Foothill and follow it to Canyon Blvd. Turn right on Canyon Blvd. Follow Canyon Blvd. up the hill. After crossing Hillcrest Blvd., which has a stop sign, Canyon will fork. Stay on the right fork. There will be signs indicating Trask Scout Reservation and Monrovia Canyon Park. There is a combination lock at the entrance and a second combination lock at the Bridge. The combinations are changed weekly. Please note the combinations above. They are for the week/weekend that you are attending. One more thing – the road into camp is paved and has some tight turns.

DRIVE CAREFULLY!