

Dinosaur Cub Day Camp 2009
Greater Yosemite Council Registration Sheet

Registration

- Please turn in registration forms and camp fees for Cub Scouts and Adult Leaders at the same time. Make checks payable to Greater Yosemite Council. Hand carry or mail them to the Modesto Scout Office, 4031 Technology Drive, Modesto, CA 95356. **ATTN: Cub Day Camp Registration.**
- Please fill out **SEPARATE** registration forms for Cub Scouts, Leaders, Tag-A-longs and Den Chiefs/Aides.
- Registration is on a first come-first serve basis. Some camps are limited in size and may fill up quickly.
- NO walk-ins will be accepted. Late registrations will be accepted until 14 days before camp **only if space is still available at the camp.** You can **call the Camp Director any time before camp opens and inquire about this.**
- **Scout Bucks** earned from Council fundraisers may be used toward the cost of Day Camp. If you have not received them yet, you may make a deposit to **reserve a spot at Day Camp.** See below.
- **CAMPERSHIPS** are available for Scouts with financial need. Deadline: Friday, April 24, 2009. Get information and forms at the **Modesto Service Center**, 4031 Technology Drive, 209-545-6320, and **Stockton Service Center**, 1545 St. Mark's Plaza, Suite #7, 209-472-9960.

Registration Deadlines

- **Early Bird Registration** **\$55 (\$60 for Tracy and Stockton Camp)**
Must be paid in full 45 days before camp begins **Soccer Day Camp registration**
- **On-Time Registration** **\$60 (\$65 for Tracy and Stockton Camp)** **Fees are \$15**
Must be paid in full 30 days before camp begins.
- **Late Registration** **\$85 (\$90 for Tracy Camp)**
When paid in full less than 30 days before camp begins. **There is a \$25 Administrative fee for refunds.**

Gold FOS Unit Discount **\$5 off per camper**

Reserve a Spot at Day Camp **\$10 Non-refundable deposit**

- Your **\$10 non refundable** deposit will **GUARANTEE** a place for your Cub Scout at Day Camp, provided full payment is made by the on-time date or until Scout Bucks are received. The deposit may be applied to late registration IF THERE IS STILL SPACE AVAILABLE AT CAMP.

Additional Registration Information **Registration forms are available at www.yosemitescouting.org**

- **RANK at DAY CAMP:** Cub Scouts register at the rank level they will be working on as school begins in the Summer/Fall of 2009. Cub Scouts who graduate to the next rank before camp should register to attend camp at the new rank.
- Packs sponsored by The Church of Jesus Christ of Latter-Day Saints (LDS) register by age rather than by grade. However, if a Scout's birthday falls during the summer and he has already achieved his rank and arrow points for that age, he may choose to attend camp at the next rank level.
- **VOLUNTEER STAFF.** The staff at our Cub Scout Day Camps is completely made up of volunteers. We need your help to meet BSA requirements for two-deep leadership!! Each unit **MUST** send **ONE** full-time adult volunteer for each **FIVE** boys that attend camp, with a minimum of **TWO** leaders for any pack that sends **FOUR** or more Cub Scouts. 1-3 Cub Scouts= 1 adult; 4-10 Cub Scouts= 2 adults; 11-15 Cub Scouts= 3 adults; 16-20 Cub Scouts= 4 adults; etc. **No exceptions! If your Pack does not provide enough leaders, your Scouts cannot attend camp.**

Camp Locations (**T**= Twilight, **F**= Full-time Camp, **EB**= Early Bird, **OT**=On-time, **C**=Camp Registration Closes)

T or F	Location	Dates	Director	Phone	EB	OT	C
T	Lodi, Lodi Lake	6/8-6/10	Jim Serface	327-7269	4/24	5/8	5/22
T	Atwater, United Methodist Church	6/17- 6/19	Marta Gunn	394-3266	5/1	5/15	6/3
T	Manteca LDS Stake Center	6/17 to 6/19	Ellen Law	825-0973	5/1	5/15	6/3
	Tracy, LDS Chester Chapel	6/23 to 6/25	Theresa Peltz	839-2391	5/8	5/22	6/9
T	Turlock, LDS Geer Rd Chapel	6/23 to 6/25	Lynette Day	634-8030	5/8	5/22	N/A
T	Los Banos	6/30 to 7/2	TBA		5/15	6/1	6/16
T	Westside, Bonita School	6/30 to 7/2	Star Pedron	892-2362	5/15	6/1	6/16
F	Stockton, Beach Club	7/21 to 7/23	Virginia Reyna	545-6320	6/5	6/19	7/7
T	Merced	7/30 to 8/1	Erica Prater	756-2008	6/16	7/1	7/16
T	Modesto, LDS Dale Rd Chapel	7/22 to 7/24	Donna Whitney	545-3866	6/5	6/19	7/7
F	Soccer Day Camp, Camp McConnell	9/19	Luis Jimenez	545-6320	7/31	8/18	9/4

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Circle CUB ADULT DEN CHIEF TAG-A-LONG

-- one form per person --

Registration form fields including: First Name, Last Name, Pack #, City of Camp Choice, Dates of Camp, Tee Shirt Size (Youth, Adult), Address, City, Zip Code, Home Phone, Work Phone, Cell Phone/Pager, E-mail address, Registered with BSA?, Birthdate of Child, Cub's Grade in September, BSA District, If this registration is for a CUB SCOUT, Rank, Parent(s) / Guardian(s), Swimming, Archery, BB-guns, Name of Adult Volunteer, If this registration is for a VOLUNTEER, I will be coming to help on, I am trained in.

FOR CUB SCOUTS: WHO MAY PICK UP THIS CUB SCOUT FROM CAMP? List first and last names - INCLUDING THE PARENTS of the Cub! Don't forget to list relatives and carpool drivers. Extra drivers may be added with a note from the parent on the first day of camp. ** For safety reasons, we cannot allow any child to leave camp with any person who is NOT on this list! **

1. _____ Phone # _____ 3. _____ Phone # _____
2. _____ Phone # _____ 4. _____ Phone # _____

FOR EVERYONE: HEALTH INFORMATION (Or you may submit a Class 1 Health Form found at www.yosemitescouting.org)

• Tetanus shot is up to date as required by school () yes () no ADULTS - Date of last Tetanus shot _____
• Please mark any health concerns () asthma () ADD / ADHD () diabetes () ear / eye problems () heart trouble
() allergies to insect bites, food, medication, plants, etc. _____
() other concerns or restrictions _____
• Conditions requiring regular medication _____ Name of medicine _____
** Any medication to be taken during Cub Day Camp MUST be turned into and administered by the camp medic.
• Who should we call in an emergency? (If the parent / guardian is not available.)
Name _____ Phone # _____
Name _____ Phone # _____
• PHYSICIAN _____ Phone # _____
• INSURANCE COMPANY _____
Policy / Group # _____ Insurance Identification # _____

* Medical Authorization This health history is correct so far as I know. This child / volunteer has permission to participate in all Cub Scout Day Camp activities, except as noted above. In the event that I cannot be reached in an emergency, I give my permission to the physician, selected by the adult who is in charge, to treat, hospitalize, secure proper anesthesia, or to order injection or surgery for my child / me.

SIGNATURE _____ Date _____ Relationship (circle) Parent/Guardian Self