

# 2008 Cub Scout Resident Camp

## Survivalman



- *SURVIVE* the EX-treme bi-athalon
- *WATCH* the “Island Volcanoes”
- *LEARN* wilderness First-Aid and Leave No Trace
- *HAVE A BLAST* learning outdoor survival skills
- *ADVANCE* by working on Outdoorsman, World Conservation Award, Aquanaut, and more
- *SHOOT* bows and arrows, BB Guns
- *SWIM*
- *PLAY* great games and much, much more

Please indicate your preferred camping session:

- July 10–12, Webelos Resident Camp, Session I  
 July 13–15, Webelos Resident Camp, Session II  
 July 17–19, Wolf and Bear Resident Camp

Please send all information about our camp session to:

Pack # \_\_\_\_\_ District (circle): BG, IL, KS, SC  
Council (circle): OVC, TW, GSLAC, Other: \_\_\_\_\_

We anticipate that \_\_\_ scouts from our pack will attend camp during the session indicated above.

We anticipate that \_\_\_ adults from our pack will attend camp during the session indicated above.

Contact name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please send this form, along with a \$65 pack deposit, to:  
Okaw Valley Council, 335 W. Main St., Bellville, IL 62220

The deposit fee is non-refundable, but will be applied to your full camp payment. Campsites will be assigned based on attendance and program efficiency. If you have special needs, please contact the Okaw Valley Council Service Center, 618-234-9111, or jnelzen@bsamail.org. **Office use only: GL# 1-6701-102-21**

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## **Survivalman** **Health History Form**

Please complete a separate form for EACH person who will be spending time at Webelos or Wolf and Bear camp.

**Check your camp session:**

- July 10–12, Webelos Resident Camp, Session I  
 July 13–15, Webelos Resident Camp, Session II  
 July 17–19, Wolf and Bear Resident Camp

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Pack# \_\_\_\_\_

**Does this person have or is subject to: (check if yes)**

Asthma  Fainting spells  Convulsions  Diabetes  Heart trouble

Dietary restrictions: \_\_\_\_\_

Allergies (including insect stings): \_\_\_\_\_

Special medical considerations: \_\_\_\_\_

Have difficulty with (check is yes):  Eyes  Ears  Nose  Throat  Lungs  
 Digestion

Condition requiring regular medication?  Yes  No Which medication? \_\_\_\_\_

Any restrictions for medical reasons?  Yes  No Describe: \_\_\_\_\_

**In case of emergency**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ 2nd Emerg. Ph: \_\_\_\_\_

Relationship to scout: \_\_\_\_\_ Physician name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy/group #: \_\_\_\_\_

**PARENT AUTHORIZATION:** This health history form is correct so far as I know, and the person herein described has my permission to engage in all prescribed activities, except as noted by me and/or the physician. In the even that I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to treat as necessary including hospitalization, proper anesthesia or to order injections or surgery for my son.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent e-mail: \_\_\_\_\_

By submitting this application, I understand that my scout may be photographed or videotaped, solely for scouting purposes.