



**October Cub 'N One**  
**"Gold Rush"**  
**Bear Creek Scout Reservation**  
**October 2nd and 3rd, 2010**



- WHAT?** Camping weekend at Bear Creek Scout Reservation located in the heart of the Hill Country. Get ready to have fun and investigate the "Gold Rush". Special activities for Cubs include: camping in tents, archery, bb's, craft project, campfire program, and more. Come pan for gold, meet a real blacksmith, participate in branding an item, and drink a Sasparilla at our Saloon!
- WHO?** This is a great weekend of fun for all Cub Scouts who are registered. Participation is limited to the first 350 applicants who return their registration/health history form and fees.
- WHEN?** October 2<sup>nd</sup> and 3<sup>rd</sup>, 2010. Check in time starts at 7:30 a.m. on October 2<sup>nd</sup> and concludes at 9:30 a.m. on October 3<sup>rd</sup>.
- COST?** Early registration is \$55.00 for the cub/parent team. After September 24<sup>th</sup>, the fee will be \$65.00 for the cub/parent team. An additional parent is \$10.00. An additional cub scout is \$25.00 (all participants must be from your immediate family). Your registration fee pays for Saturday supper, Cracker Barrel and Sunday breakfast; all program supplies, insurance and a special patch. Your reservations are confirmed unless otherwise notified.

**BRING YOUR OWN LUNCH ON SATURDAY**

Cub N One, October 2<sup>nd</sup> - 3<sup>rd</sup>, 2010 at Bear Creek Scout Reservation

Pack \_\_\_\_\_ District \_\_\_\_\_ E-Mail \_\_\_\_\_

Cub Scout Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_ © \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_ Cub/parent team \$55.00    \_\_\_\_ Cub/Parent team (after September 25) \$65.00

\_\_\_\_ Additional parent \$10.00    \_\_\_\_ Additional Cub \$25.00

**ALL PARTICIPANTS, BOYS AND PARENTS/GUARDIANS, ARE  
 REQUIRED TO SUBMIT THE HEALTH FORMS WHEN  
 TURNING IN THE REGISTRATION FORM**

### *Equipment list*

Medications (if needed)  
 Drinking cup  
 Pillow  
 Toothbrush and toothpaste  
 Camera and Film  
 Change of Clothes for Sunday  
 Fishing Equipment

Hat and Sun Screen  
 Tent and ground cloth  
 Toiletries (soap, etc.)  
 Flashlight and spare batteries  
 Pencils/Paper/Notebook  
 Extra change of shoes

Insect Repellent  
 Sleeping bag and pad  
 Towel  
 Plastic bag for dirty clothes  
 Extra Change of Clothes  
 Rain Gear

### *Do Not Bring*

Open toed shoes/Bikes  
 Archery and BB gun Equipment

Gun, Knives, Hatchets  
 Glass Containers

Alcoholic Beverages  
 Fireworks

### Be Prepared! Safety First!

Liquid fuels for lantern may not be stored at campsite because of fire hazard. No campfires are permitted by camp participants in campsites. Vehicles can only park in designated areas. Any parking exceptions need to be cleared with the Council Office prior to camp. Youth protection policies of the Boy Scouts of America do not allow parents to share a tent with any youngster except their own son.

One of the special things about Cub n One is that it gives the parent(s) an opportunity to spend some *one on one* time with their scout at a fun and exciting activity. Therefore, no siblings are allowed.

Volunteers are greatly appreciated. If you have questions, please contact Dwayne Cloar at (210) 341-8611, ext. 142 or E-mail: [dcloar@bsamail.org](mailto:dcloar@bsamail.org). Please mail completed Reservation Form/Health History along with your check (payable to BSA) to: Alamo Area Council, 2226 N. W. Military, San Antonio, TX 78213-1894. In case of emergency during camp, please call: (210) 979-7919.

### T-SHIRT ORDER FORM

Remember that sizes may vary – suggest you order a larger size if in doubt.  
**T-shirts may not be available after September 24<sup>th</sup>.**

SIZES	QUANTITY	COST	TOTAL
Youth Medium (10-12)	_____ x	\$12.00 =	\$ _____
Large (14-16)	_____ x	\$12.00 =	\$ _____
Adult Small	_____ x	\$12.00 =	\$ _____
Medium	_____ x	\$12.00 =	\$ _____
Large	_____ x	\$12.00 =	\$ _____
X-Large	_____ x	\$12.00 =	\$ _____
2X-Large	_____ x	\$12.00 =	\$ _____
3X-Large	_____ x	\$13.00 =	\$ _____
Grand Total:	_____		\$ _____

Please make checks payable to the Alamo Area Council, BSA.  
 Submit **this** registration form **and** the boy/parent health form to the following: -  
 Boy Scouts of America  
 Alamo Area Council  
 2226 N.W. Military Hwy.  
 San Antonio, TX 78213

# Annual BSA Health and Medical Record

## Part A

### GENERAL INFORMATION

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 (SEE PART C).  
 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 \_\_\_\_\_

#### MEDICAL HISTORY

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

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

#### Allergies or Reaction to:

Medication \_\_\_\_\_  
 Food, Plants, or Insect Bites \_\_\_\_\_

#### Immunizations:

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

Exemption to immunizations claimed.

(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 _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

**NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.**

Emergency contact No.:

Allergies:

DOB:

Last name:

**Part C**

**Parental Informed Consent and Hold Harmless/Release Agreement**

I understand that participation in Scouting activities 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 these activities. I understand that participation in these activities 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.

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.

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 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.

Without restrictions.

With special considerations or restrictions (list)

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**Talent Release Form**

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 by the Boy Scouts of America, and I hereby release the Boy Scouts of America 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

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.

Participant's name \_\_\_\_\_

Participant's signature \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_

(If under the age of 18)

Date \_\_\_\_\_

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



BOY SCOUTS OF AMERICA  
1325 West Walnut Hill Lane  
P.O. Box 152079  
Irving, Texas 75015-2079  
<http://www.scouting.org>

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**Part C** Last name: \_\_\_\_\_ DOB: \_\_\_\_\_