

SCOUT'S PERSONAL HEALTH AND MEDICAL HISTORY

Name _____
 Name of physician _____
 Physician's telephone _____
 Health/accident insurance carrier _____
 Policy/patient # _____

Check items that apply (past or present) to your health history.

	Yes	No		Yes	No
Asthma			Cancer/Leukemia		
Convulsions/Seizures			Hemophilia		
Diabetes			Heart Trouble		
High Blood Pressure			Kidney Disease		
ADHD			Other		

Explain: _____

List any allergies to food, medicine, insects or plants, etc. _____

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in the camp: _____

List equipment needed such as wheelchair, contacts, etc.: _____

Immunizations: give date of LAST inoculation or booster.

Tetanus _____ Measles _____ Polio _____
 Diphtheria _____ Mumps _____ Pertussis _____
 Rubella _____

Medical Release to Treat

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

 Signature of parent/guardian

 Date



CUBS OF THE CARIBBEAN TOQUA DISTRICT CUB SCOUT TWILIGHT CAMP

WEDNESDAY-FRIDAY, JUNE 1-3, 2005

5:30PM-9:05PM

FARRAGUT INTERMEDIATE SCHOOL

Cub Scout age boys (1st-5th graders as of Fall 2005) are invited to a camp filled with fun activities and fellowship. Boys will learn new skills and advance toward their ranks through an action-packed program, including shooting sports, arts and crafts, woodworking, sports, and more!

Program fees include: camp t-shirt, patch, quality program materials, and BSA insurance.

- Early Bird registration (prior to May 13): \$40 per boy
- After May 13 (if space available): \$50 per boy
- Discount if adult volunteers for the entire camp: \$30
- Tiger Cubs must be accompanied at all times by their Adult Partner. The adult volunteer discount applies.

Scout Programs Offered

- Tigers, Wolves and Bears will have a mix of fun and adventure while completing some rank specific achievements and electives, as well as select belt loops.
- 1st Year Webelos will concentrate on Webelos activities.
- 2nd Year Webelos will concentrate on Boy Scout skills.



Volunteers: Toqua's day camp is run entirely by a volunteer staff!

- **Each pack MUST send one leader for every 8 boys.**
- If you would like to volunteer, please fill out the volunteer section on the Scout Registration Form and you will be contacted.
- Parents or guardians volunteering for the entire week will receive a volunteer discount on the scout registration form.
- Although every effort will be made to accommodate staffing requests, these positions will be filled on a first come first serve basis, so get your request in today!

Free Sibling Programs Offered to Children of Volunteers

- Sprouts – young children will be led by a caring adult staff
- Tag-Alongs – school age girls will have a special program designed just for them
- Tenderfoot - boys ages 11 to 13 may participate in a special program combining service and adventure

For more information and general questions contact
ToquaDayCamp@mac.com.

For child-specific or program-specific questions,
refer to the following chart.

Camp Director	Charlotte Jensen	cljjensen@aol.com 675-7649
Business Director	Michelle Anderson	toquadaycamp@mac.com 898-4422
Webelos Program Director	Audra Jensen-Bird	toquawebelodir@yahoo.com 368-8996
Tigers, Wolves, & Bears Program Director	Cindy Holt	toquatwkdir@yahoo.com 966-4219

**REGISTRATION IS LIMITED,
 SO REGISTER TODAY!**

TOQUA TWILIGHT CAMP REGISTRATION FORM

Scout's Name _____
 Date of Birth _____ Age (as of June 2005) _____
 Grade (as of Fall 2005) _____

Is the child a registered scout? YES NO
 If yes, Cub Scout Rank (as of Fall 2005) _____
 Pack # _____ Den # _____
 Den Leader's Name _____

Name of Parent or Guardian _____
 Home Telephone _____ Cell _____
 Home address _____
 City _____ State _____ Zip _____
 Email Address _____

If person above is not available in the event of an emergency, contact:
 Name _____
 Relationship _____ Telephone _____
 Name _____
 Relationship _____ Telephone _____

Scout's T-shirt size _____

VOLUNTEER

_____ Yes, I would like to volunteer. Contact me.
 My name is _____

Return this form with the appropriate fees to:
 Toqua Twilight Camp, PO Box 51885, Knoxville, TN 37950

Early Bird Base Rate (if application received on or before May 13, 2005)	\$40	\$40	Date Received
Late Registration (if application received after May 13, 2005)	Add \$10		
Volunteer Discount (for Tiger Partners and parents volunteering all week)	Minus \$10		
Total Fees			
			For Office Use Only