

CUB ADVENTURE 2005

Cub Scouts, get your TENTS ready!!!. There will be seven separate Cub Adventure sessions you can choose from this year. Cub Adventure is a program for Tigers, Cubs, and Webelos to experience the excitement and fun of camping with their parent(s).

Session 1	October 1 & 2	Mt. Bayou Lake	<i>Deadline to Register</i>
Session 2	October 7 & 8	Mt. Bayou Lake	<i>September 26</i>
Session 3	October 8 & 9	Mt. Bayou Lake	<i>October 3</i>
Session 4	October 15 & 16	Mt. Bayou Lake	<i>October 3</i>
Session 5	October 21 & 22	Mt. Bayou Lake	<i>October 10</i>
Session 6	October 22 & 23	Mt. Bayou Lake	<i>October 10</i>
			<i>October 17</i>

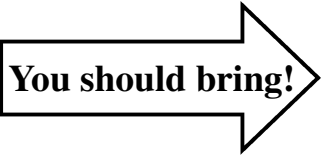
***NO WALK-INS WILL BE
ACCEPTED AT CAMP.
PREPARATIONS NEED TO BE
MADE IN ADVANCE.***

The cost is \$40.00 for the first Scout and one parent (guardian), and \$5.00 each for 2nd scout and family members. This year, all Scouts registering will receive a Red Bordered Cub Adventure Patch. This patch is the second in a series.

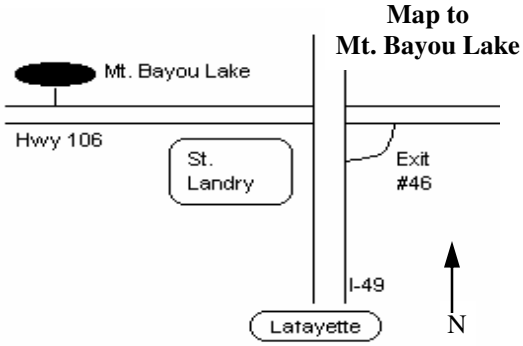
The program consists of Archery, BB Guns, Crafts, Nature, Obstacle Course, Canoeing, Sling Shots and much more. The Cub Scout and his parent(s) go through the program together.

MT. BAYOU LAKE – Registration times are 3:30 p.m. to 7:00 p.m. The program begins with the opening campfire that evening at 8:00 p.m. & ends the next day by 2:00 pm **Eat before you arrive or bring a sack dinner for your evening meal.** Breakfast and lunch will be provided.

Sign up now, because there is a **150 boy limit per session.** Registrations are due **two weeks** prior to each weekend (or until session is full). Bring your own tent and camping gear. **The Health History on the back of this sheet must be filled out for the parent attending**



- | | |
|---|---------------------------------|
| TENT | FLASHLIGHT |
| SLEEPING BAG | SOCKS & TENNIS SHOES |
| INSECT REPELLENT | TOILET ARTICLES |
| DRINKING CUP | SPENDING MONEY |
| SCOUT SPIRIT & A DESIRE TO
HAVE FUN! | |



REGISTRATION FORM

Health History on back MUST be filled out for the parent attending.

PACK # _____

SCOUT'S NAME _____

PARENT'S NAME _____

ADDRESS _____

CITY/ZIP _____

HOME PHONE _____

Print names of other family members attending _____

PLEASE CHECK SESSION YOU WILL BE ATTENDING:

_____	Session 1	October 1 & 2	Mt. Bayou Lake
_____	Session 2	October 7 & 8	Mt. Bayou Lake
_____	Session 3	October 8 & 9	Mt. Bayou Lake
_____	Session 4	October 15 & 16	Mt. Bayou Lake
_____	Session 5	October 21 & 22	Mt. Bayou Lake
_____	Session 6	October 22 & 23	Mt. Bayou Lake

Mt. Bayou Registration times are 3:30 pm to 7:00 pm. The program begins that evening at 8:00 p.m. and ends the next day by 2:00 p.m.

Charge to: [] Visa [] MasterCard [] Discover [] Am. Express

Card Number _____

Expiration Date _____

Signature _____

PLEASE return this form and a check (payable to Evangeline Area Council) to:

Evangeline Area Council
Boy Scouts of America
P O Box 80115
Lafayette, LA 70598-0015

If you are paying by Credit Card, you can Fax your application with your Credit Card information to 337-235-8556

Non-Profit Org.
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PAID
Lafayette, LA
Permit No. 146

Visit our website at: www.eacbsa.org

Evangeline Area Council
Boy Scouts of America
P O Box 80115
Lafayette, LA 70598-0115

ADULT PERSONAL HEALTH HISTORY

Class 1 Personal Health & Medical History To be filled out by parent or guardian

Health/Accident Ins. _____

Carrier Policy # _____

Check all items that apply , past or present, to your health history. Explain any "Yes" answers.

ALLERGIES:

Food, Medicines, Insects, Plants YES NO

GENERAL INFORMATION:

Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hemophilia	<input type="checkbox"/> YES <input type="checkbox"/> NO
High blood pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO	Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO
Heart condition	<input type="checkbox"/> YES <input type="checkbox"/> NO	Kidney Disease	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cancer/Leukemia	<input type="checkbox"/> YES <input type="checkbox"/> NO	Convulsions/Seizures	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other (Explain)			

List any medications to be taken at camp _____

List equipment, i.e. wheelchair, braces, glasses, contact lenses, etc.: _____

List physical/behavior conditions that may affect or limit participation

I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates. IN CASE OF EMERGENCY, I understand every effort will be made to contact my spouse or next of kin. In the event they 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 me.

Signature

Date