



CUB ADVENTURE 2006



Cub Scouts, get your TENTS ready!!!. There will be five 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)**.

<u>Session</u>	<u>Date</u>	<u>Place</u>	<u>Deadline to Register</u>
Session 1	October 7	Mt. Bayou Lake	September 18
Session 2	October 14	Mt. Bayou Lake	September 25
Session 3	October 21	Mt. Bayou Lake	October 3
Session 4	October 28	Mt. Bayou Lake	October 9
Session 5	October 21	Kemper Williams	October 3

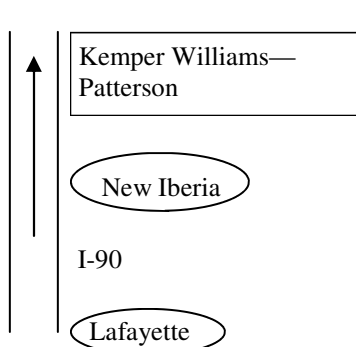
NO WALK-INS WILL BE ACCEPTED AT CAMP.
PREPARATIONS NEED TO BE MADE IN ADVANCE.

The cost is \$40.00 for the first Scout and one parent (guardian), and \$5.00 each for immediate family member.. This year, all Scouts registering will receive a Gold Bordered Cub Adventure Patch. This patch is the third 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.

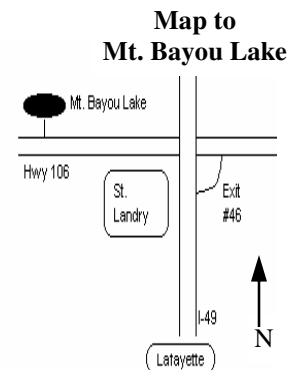
MT. BAYOU LAKE – Registration times are 10:00 a.m. to 12:00 p.m. . The program begins 1:00 p.m. ends the next day by noon. **Eat before you arrive or bring a sack lunch.** Saturday dinner and Sunday breakfast will be provided.

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 each adult attending**



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

You
bring



REGISTRATION FORM

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

PACK # _____ PLEASE PRINT

SCOUT'S NAME _____ \$40.00

PARENT'S NAME _____

2ND SCOUT'S NAME _____ \$5.00

2ND PARENT'S NAME _____ \$5.00

SIBLING & Age _____ \$5.00

_____ \$5.00

DAYTIME PHONE _____ TOTAL FEES _____

EMAIL _____

PLEASE CHECK SESSION YOU WILL BE ATTENDING:

Session 1 October 7 Mt. Bayou Lake

Session 2 October 14 Mt. Bayou Lake

Session 3 October 21 Mt. Bayou Lake

Session 4 October 28 Mt. Bayou Lake

Session 5 October 21 Kemper Williams

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



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 [] YES [] NO Hemophilia [] YES [] NO

High blood pressure [] YES [] NO Diabetes [] YES [] NO

Heart condition [] YES [] NO Kidney Disease [] YES [] NO

Cancer/Leukemia [] YES [] NO Convulsions/Seizures [] YES [] 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

ADULT PERSONAL HEALTH HISTORY

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

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