



# CUB ADVENTURE 2007



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 6	Mt. Bayou Lake	September 19
Session 2	October 13	Mt. Bayou Lake	September 26
Session 3	October 20	Mt. Bayou Lake	October 3
Session 4	October 27	Mt. Bayou Lake	October 10
Session 5	November 3	Mt. Bayou Lake	October 17
Session 6	November 3	Amelia Civic Center	October 17

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

The cost is **\$25.00 per Scout and \$15.00 per adult and sibling**. This year, all Scouts registering will receive a Blue Bordered Cub Adventure Patch. This patch is the fourth 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. Siblings will be participating in a separate program.

**ALL CUB ADVENTURE WEEKENDS** – 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***

PACK # \_\_\_\_\_ PLEASE PRINT

SCOUT'S NAME \_\_\_\_\_ \$25.00

2ND SCOUT'S NAME \_\_\_\_\_ \$25.00

PARENT'S NAME \_\_\_\_\_ \$15.00

2ND PARENT'S NAME \_\_\_\_\_ \$15.00

SIBLING & Age \_\_\_\_\_ \$15.00

**TOTAL FEES**

DAYTIME PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**YOU CAN REGISTER ONLINE:**  
**WWW.EACBSA.ORG CUB ADVENTURE**  
**Please note: there is a small service charge for online registration.**

**PLEASE CHECK SESSION YOU WILL BE ATTENDING:**

Session 1    October 6    Mt. Bayou Lake

Session 2    October 13    Mt. Bayou Lake

Session 3    October 20    Mt. Bayou Lake

Session 4    October 27    Mt. Bayou Lake

Session 5    November 3    Mt. Bayou Lake

Session 6    November 3    Amelia Civic Center

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**

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