

Vista Cub Scout Day Camp

When: July 11th-15th, 2016

Time: 9am-3pm (Monday-Friday)

Where: Antique Gas and Steam
Engine Museum

Cost: \$100.00 per scout

(Discount for Parent Help)

Please turn packets in at roundtable



Everything is Awesome, When
We Stick Together

Vista District San Diego Imperial Council Vista Cub Scout Day Camp:

APPLICATION FORMS

Attached are forms for the 2016 Vista Cub Scout Day Camp. Please complete all necessary forms. A completed BSA Medical Form, Parts A & B, is required for each Cub Scout, sibling, and volunteer attending camp.

Please keep in mind the following:

- Registration begins at the March Roundtable in Vista at 6:30.
- Only mailed in or hand delivered forms will be accepted. E-mailed applications and forms cannot be accepted.
- Space availability will be determined on a first come first serve basis.
- The registration fee of \$100 per cub scout will be reduced for parents who volunteer for entire day(s) at the following rates:

2Days-to\$80, 3Days-to\$70, 4-5 Days-to\$60,

- These discounts apply to one scout. Additional scouts in the same family will pay full price.
- Complete a separate application form for each scout, sibling, and volunteer.
- The full or discounted registration fee must accompany each application.
- Make all checks payable to "SDIC-BSA" and note on the memo line, "Vista Day Camp"
- If you commit to volunteer at camp, please keep your commitment. If you cannot keep your commitment, please provide a substitute and notify the Camp Director ASAP so your substitute can be approved and trained to take your place.
- Mail completed Application Form(s), Annual BSA Health and Medical Record Parts A&B, and Application Fee to: SANTA MARGARITA-VISTA CUB SCOUT DAY CAMP, BOY SCOUTS OF AMERICA, 1207 UPAS STREET, SAN DIEGO, CA 92103 or bring to monthly Roundtable meetings held at the Vista Bobier LDS Church Building.
- Sibling care is available for volunteers. Please see Sibling Application Form for details.

We will notify you by e-mail when your registration has been accepted and your son has secured a place at camp. If your application is received after the camp is full your son will be placed on a waiting list and you will be notified if a space opens up. All registrations will be processed through the council office this year in accordance with BSA policy. This may result in some delays. You will be contacted immediately upon our receipt of your application. Please be patient.

CUB SCOUT APPLICATION FORM

Boy's Name (please print): _____

Date of Birth (mm/dd/yy): ____/____/____ School Grade as of Fall 2013: _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) ____-____ Cell Phone: (____) ____-____ Email: _____

Pack # _____ Den Leader Name: _____

What will be your son's rank on July 1st, 2016? Wolf Bear Webelos

All boys will receive a camp T-shirt and a participation patch.) **Circle T-shirt size:**

 Youth M (10-12) Youth L (14-16) Adult S Adult M Adult L

Parent/ Guardian Names (Please Print): _____

I, _____, have completed a Volunteer Staff Form and the BSA Health and Medical Forms A & B, and agree to volunteer my services at the 2016 Santa Margarita District, Vista Cub Scout Day Camp. Discounts for Cub Scout with a parent volunteering for entire day(s) are listed below.

Circle which days you will be volunteering: **M T W Th F All Week**

Discounts per day for volunteers at the Vista Cub Scout Day Camp are as follows: 2 Days (\$20 discount), 3 Days (\$30 discount), 4 Days (\$40 discount), 5 Days (\$50 discount) * Discount only applies to one scout. Additional scouts in the same family pay full price.

**** Director cannot guarantee that each volunteer will work with their scout.****

******* IMPORTANT******* A camp confirmation packet will be sent prior to the start of camp confirming your scout's place in camp. If you do not receive a confirmation packet before June 1st, please contact Wendy McDonald via e-mail at: wendysmcdonald@gmail.com or call 760 505-3482.

- ✓ I have completed this application and the BSA Health Form Parts A & B for each scout attending camp.
- ✓ I have enclosed the registration fee of \$100.00 per scout (See above for discount information).
- ✓ I have registered before the deadline of May 1st, 2014. (There are no registrations on the day of camp.)
- ✓ My son has permission to have his photo taken for public relations purposes.
- ✓ I will mail this application and check to: Santa Margarita -Vista Cub Scout Day Camp, Boy Scouts of America, 1207 Upas Street, San Diego, CA 92103 or bring to monthly Roundtable meetings at Vista LDS Church Building. Make checks payable to "SDIC-BSA" and note in the memo line, "Vista Day Camp"

Parent/ Guardian Signature: _____ Date: _____

VOLUNTEER STAFF FORM

Name (Please Print): _____ Date of Birth: ___/___/___

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

CA Driver's License # _____ Email: _____

Have you previously served on this Camp Staff before? ___ YES ___ NO If Yes, When? _____

Current Registered BSA Member? ___ YES ___ NO Position? _____

Emergency Contact: _____ Phone: (____) _____ - _____

(VOLUNTEERS MUST BE 16 YEARS OR OLDER. Complete this Section if Volunteer is under 18)

Troop/Crew: _____ Council: _____ Current Rank: _____

Parent/Guardian's Name: _____ Phone: (____) _____ - _____

I am available to volunteer for camp on the following days (Please circle days):

(Circle: M T W TH F ALL WEEK)

Discounts, per day, for volunteer service at the Vista Cub Scout Day Camp (to be applied to your cub scouts registration fee) are as follows: 2 DAYS (\$20 discount), 3 DAYS (\$30 discount), 4 -5 DAYS (\$40 discount). The discount applies to only one scout. Additional scouts in the same family will pay full price.

I have experience in the following areas: _____

T-shirt size (Please Circle One): **Adult M Adult L Adult XL Adult 2X Adult 3x**

I agree to serve as a volunteer, in a manner consistent with the Scout Oath and Law and Youth Protection Guidelines. Youth Protection Training is available on-line at <http://myscouting.scouting.org/>

I also agree to the terms below: I understand that I may not be assigned to my son's den. I am choosing to volunteer in any capacity I am assigned to. I understand that my son's registration fee will be reduced in ratio to the number of days I work at camp. (____) Initials

Volunteer Staff Member: _____ Date: _____ (Signature)

Parent's Approval if under 18: _____ Date: _____ (Signature)

Attach a copy of your current Youth Protection Training Certificate, Annual BSA Health and Medical Record Parts A & B and Mail this completed application to: Santa Margarita-Vista Cub Scout Day Camp, Boy Scouts of America, 1207 Upas Street, San Diego, CA 92103.

SIBLING APPLICATION FORM

I will be volunteering to help at the 2016 Vista Cub Scout Day Camp and would like my son's sibling (one application per sibling) to attend the Siblings Program (siblings can only attend on the days you are volunteering):

DATE: July 11th-15th 2016: (Circle days you will attend) M T W Th F

FEE: \$20 per sibling if attending all week (this includes the cost of the T-Shirt) or \$4 for each day plus \$10 for the T-Shirt for those attending less than the full week.

Child's Name: _____ Age: _____ Special Needs: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____

Phone: (H) (____) ____-____ (W): (____) ____-____ (C): (____) ____-____

Email: _____

- I have completed this application and the BSA Health Form Parts A & B for each sibling attending camp.
- My son/daughter has permission to have his photo taken for public relations purposes.
- I have enclosed a check payable to: SDIC-BSA Vista Cub Scout Day Camp for the sibling registration fee.

Mail this completed application and Parts A & B Annual BSA Health and Medical Record for each sibling to: Santa Margarita- Vista Day Camp, Boy Scouts of America, 1207 Upas Street, San Diego, CA 92103.

Parent/Guardian Signature: _____ Date: _____

Print Parent /Guardian Name: _____