

CAMP SAM WOOD



IROQUOIS TRAIL COUNCIL, BSA

Camp Sam Wood 2010 Resident Camp Registration Packet

- Fee Structure and Schedule
- Registration Check List
- Cub Scout Registration Form
- Adult/Den Chief Registration Form
- Youth Camp Roster
- Adult Camp Roster

2010 Fee Structure and Schedule

Session No.	Dates	Early Bird Rate Deposit due 2/24/10 & paid in full by 5/7/10	Regular Discount Rate if Paid in Full by 5/7/10	After 5/7/10
1	Monday, July 26 - Thursday, July 29	\$140	\$150	\$165
2	Friday, July 30 - Monday, August 2	\$160	\$170	\$185
3	Monday, August 2 - Thursday, August 5	\$140	\$150	\$165
4	Friday, August 6 - Monday, August 9	\$160	\$170	\$185
	Returning for a 2 nd session	\$115	\$120	\$140
	Den Chiefs	\$115	\$120	\$140
	Individual Campers	\$165	\$175	\$185

Registration Checklist for Cub Scout Resident Camp

Youth Camp Roster

- Use this form to report each youth attending camp with your unit.
- Print full name, last name first and list ***alphabetically***.
- Please include shirt size.
- Indicate whether or not the individual will be taking medication at camp or if there are food allergies.
- Indicate the number of years the youth has attended resident camp at Camp Sam Wood (including 2009).
- If you are bringing a Den Chief, please include on the Youth Camp Roster and write "Den Chief" under the Scout Rank column.

Adult Camp Roster

- Use this form to report each adult attending camp with your unit.
- Print full name, last name first and list ***alphabetically***.
- Circle the days that each adult will be at camp.
- Indicate the date when each adult took Youth Protection Training.
- Indicate whether or not the individual will be taking medication at camp or if there are food allergies.
- Indicate if an adult is CPR and/or First Aid Certified.
- Indicate the number of years the adult has attended resident camp at Camp Sam Wood (including 2009).

Registration Form (youth and adult)

- Please include a recent color photo of the camper.
- *Ensure there is a Parent/Guardian signature and date on each youth registration form.*
- Please indicate t-shirt size on each youth registration form.

Annual Health and Medical Record Form (THIS FORM WILL BE AVAILABLE AFTER JANUARY 1ST, 2010)

- Every child and adult camping must return a completed and signed form.
- ***Please have your Licensed Health Care Provider complete and your physician sign and date.***

Individual Medications Form

(THIS FORM IS PART OF THE PERSONAL HEALTH AND MEDICAL RECORD AND WILL BE AVAILABLE AFTER JANUARY 1ST, 2010.)

- Please complete one form for every child and adult camping.
- Indicate whether or not over-the-counter medications can be administered by the Camp Health Officer.
- Designate which over-the-counter medications you approve of.
- ***Have your physician sign and date.***
- *Parent/Guardian sign and date.*

NYS Child Safety Act Form

- The NYS Child Safety Act requires that all adults spending time at camp must submit their information to NYS Division of Criminal Services Sex Offender Registry by use of this form.

Camp Sam Wood T-shirt Pre-Order Form

- T-shirts are included in camp fees for youth only. Adults can use this form to pre-order shirts and/or hats. Please complete this form and submit with payment.

Opening Day Family BBQ Ticket Order Form

- Family is welcome to attend the chicken BBQ dinner on opening day.
- Use this form to order tickets for family, siblings and friends that would like to attend.
- Complete this form and submit with payment no later than July 12, 2010.
- Only guests with tickets will be served dinner on opening day.



CUB SCOUT REGISTRATION FORM

CUB SCOUT RESIDENT CAMP 2010

IROQUOIS TRAIL COUNCIL – BOY SCOUTS OF AMERICA



Pack # _____

Session Selection (Check One)

_____ Session 1: July 26-30 _____ Session 2: July30-Aug. 2 _____ Session 3: Aug. 2-5 _____ Session 4: Aug. 6-9

Please Print

Scout's Name: _____ Pack # _____ District _____

Birthdate: _____ Fall of 2009 Grade: (Circle One) 1st 2nd 3rd 4th 5th Rank: _____

Address: _____ City _____ State _____ Zip _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Parent/Adult Partner is attending with Scout (Circle One) Yes No If no; complete the information below:

Parent's Name: _____ Home Phone: _____

Cell/Work Phone: _____ Email: _____

Home Address: _____ City _____ State _____ Zip _____

Work Address: _____ City _____ State _____ Zip _____

If the person listed above is not available in the event of an emergency, the Camp Director should notify:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

PARENT AUTHORIZATION: My child _____ has my permission to attend the Iroquois Trail Council Camp, Camp Sam Wood. I authorize the Boy Scouts of America and Iroquois Trail Council to use my son's images in promotional publications, videos and its website and other Scouting events. I understand that transportation is my responsibility or the responsibility of the Pack Camp Coordinator. I give my permission for my child to be transported home by an adult from our pack. I understand that my child is to arrive at and leave camp with his Pack or me. If my son must arrive at or leave camp at any other time he must be checked in or out in person at the Camp Office. In case of an emergency the Camp Director will only release my son to the following adult that is not camping:

Name: _____ Relationship _____ Phone: _____

Parent/Guardian Signature _____ Date: _____

This registration form must be accompanied by the Annual Health & Medical Record with parent/guardian signature and **physician signature**.

Camp T- Shirt

T-shirts are included in the camp fees for youth only. Please circle the size needed:

Youth sizes: YM YL Adult sizes: S M L XL 2XL



Place Current Photo of Scout here
Please no larger than this box
Photo must be clear and in color

Name _____
Pack # _____



ADULT REGISTRATION FORM

CUB SCOUT RESIDENT CAMP 2010

IROQUOIS TRAIL COUNCIL – BOY SCOUTS OF AMERICA



Pack # _____

Session Selection (Check One)

_____ Session 1: July 26-29 _____ Session 2: July30-Aug. 2 _____ Session 3: Aug. 2-5 _____ Session 4: Aug. 6-19

Please Print

Name: _____

Birthdate: _____ Age: _____ Sex: _____

Address: _____ City _____ State _____ Zip _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Cell/Work Phone: _____ Email: _____

Work Address: _____ City _____ State _____ Zip _____

Check one:

- My son and I are attending camp with our Pack. List your son's name and rank
My son is _____ Rank _____
- My son and I are attending camp as a Rookie Camper, not with our pack
My son is _____ Rank _____
- I am attending camp as an adult leader only and do not have a son in camp

This registration form must be accompanied by the Annual Health and Medical Form with **physician signature**.



Iroquois Trail Council, Boy Scouts of America, 45 Liberty St. #2, Batavia, NY 14020 585-343-0307
www.itcbsa.org

Place Current Photo here
Please no larger than this box
Photo must be clear and in color

Name _____ Pack # _____



YOUTH CAMP ROSTER

Pack# _____ District _____ Session# _____ Site _____

Camp Coordinator Name _____ Telephone _____

PRINT FULL NAME (Last Name First) LIST ALPHABETICALLY	<i>T-Shirt Size</i>	<i>Food Allergies? Y/N</i>	<i>Taking Medication at Camp? Y/N</i>	<i>Years Attended Camp Sam Wood</i>	<i>Scout Rank</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

CAMP SAM WOOD



IROQUOIS TRAIL COUNCIL, BSA

ADULT CAMP ROSTER

Pack# _____ District _____ Session # _____ Site _____

Camp Coordinator Name _____ Telephone _____

PRINT FULL NAME (Last Name First) LIST ALPHABETICALLY	Days at Camp Circle all that apply	Youth Protection Date	Taking Medication at Camp? Y/N	Food Allergies? Y/N	CPR + First Aid Training? Y/N	Years Attended Camp Sam Wood
1.	S M T W H F S					
2.	S M T W H F S					
3.	S M T W H F S					
4.	S M T W H F S					
5.	S M T W H F S					
6.	S M T W H F S					
7.	S M T W H F S					
8.	S M T W H F S					
9.	S M T W H F S					
10.	S M T W H F S					
11.	S M T W H F S					
12.	S M T W H F S					
13.	S M T W H F S					
14.	S M T W H F S					
15.	S M T W H F S					
16.	S M T W H F S					
17.	S M T W H F S					
18.	S M T W H F S					
19.	S M T W H F S					
20.	S M T W H F S					