

2019 CROSS TIMBERS DISTRICT CUB SCOUT DAY CAMP

June 10, 2019 - June 14, 2019 • 4:30 P.M.-9:00 P.M.

Trinity UMC • 1200 W. Green Oaks Blvd • Arlington, TX 76013

FEES:

Note – All Grades are as of Fall 2019

\$130.00*	Cub Scout Participants (Grades 1 st -5 th) – Fee Includes 1 Camp T-Shirt, 1 Camp Hat, and 1 souvenir patch (extras shirts and hats available for additional fee) – Register by Saturday May 18th to receive the early-bird rate of only \$110.00*
\$20.00	Tot-Lot Participants (Potty Trained Pre-1st Graders of Adult Volunteers) – Fee Includes 1 Tot-Lot T-Shirt
\$9.00	Youth Volunteers (Grade 6 th & Up) – Fee covers cost of 1 Camp T-Shirt (extras available for additional fee)
Free	Adult Volunteers (Ages 18 & Up) – Covers cost of 1 Camp T-Shirt (extras available for additional fee) – <i>Note: Must register for entire week in order to have FREE registration</i>
\$9.00	Additional Camp T-Shirt
\$10.00	Additional Camp Hat

DAY CAMP VOLUNTEER TRAINING

- All ADULT & YOUTH VOLUNTEERS are REQUIRED to attend Staff Training as follows;
 - May 11, 2019 9 A.M.-12 P.M. (Adult/Youth Volunteers)
 - May 25, 2019 9 A.M.-12 P.M. (Adult/Youth Volunteers)

DAY CAMP SETUP

- All ADULT & YOUTH VOLUNTEERS are requested to assist with setting up camp at Trinity UMC beginning at 9:00AM Saturday, June 8, 2019 until we're done. The more volunteers we have, the sooner we will be done.

DAY CAMP ROUNDUP

- One person from each registered FAMILY MUST attend roundup to receive orientation materials and pickup camp gear like shirts, hats, and patches. Roundup is **tentatively** scheduled for 3:00 PM – 6:00 PM June 9, 2019.
- ATTENDANCE IS REQUIRED! Delegates will not be able to pick up on behalf of others!
- Families not able to attend must check-in in person on the first day of camp and my experience delays.

If you have any questions, do not hesitate to contact us.

crosstimbersdaycamp@gmail.com

Cameron King • Camp Director • 682-999-0991

Valerie Lund • Program Director • 682-478-9949

Wayne Luckert • Program Director • 252-529-3489

HOW TO SUCCESSFULLY REGISTER FOR DAY CAMP

STEP #1 – DESIGNATE AN ADULT TO SERVE AS UNIT LIAISON

- This person is responsible for ensuring that the following registration steps are completed in full for all of their unit's youth and adults participating in 2019 Day Camp.

STEP #2 – DETERMINE THE NUMBER OF YOUTH AND ADULTS ATTENDING DAY CAMP

- Cub Scout Participants will be assigned to Dens based on their Grade Level as of fall 2019.
- Each day of Camp, your Pack **MUST provide 1 ADULT CHAPERONE FOR EVERY 5 YOUTH PARTICIPANTS PER DEN (Grade Level)**. Note that this is a Den-level requirement. *Example: If your Pack sends two (2) 2nd Graders, two (2) 3rd Graders and one (1) 4th Grader to Camp, your Pack MUST also send three (3) Adult Chaperones; 1 Adult per every block of up to 5 Youth per Den.*

The One And Only Exception...

Every 1st Grader (Tiger Cub) MUST have a Parent/Adult Guardian in Camp each day they attend.

- Adult Volunteers not serving as Den Leaders are needed to serve as Camp Staff in various positions.
- Youth Volunteers (Grades 6th & Up) are needed to serve as Den Chiefs, Program Helpers & Staff Helpers.
- Children of Adult Volunteers too young to begin 1st Grade in Fall 2019 may participate in Tot-Lot, so long as the child is potty trained and ONLY on days the parent is in Camp serving as a volunteer.

STEP #3 – GATHER REQUIRED DOCUMENTATION

- YOUTH PARTICIPANTS/YOUTH VOLUNTEERS: Obtain completed copies of each of the following;
 1. BSA Annual Health & Medical Record Parts A & B (dated no later than June 10, 2019). **A NOTE REGARDING IMMUNIZATIONS:** Texas Department of State Health Services requires a **Month/Year Date** of last booster be listed on Part B of the BSA Annual Health and Medical Record. Attached copy of immunization record is acceptable. **DO NOT write "CURRENT" for the date.**
 2. Youth Registration Form
 3. Campership Form (only required for those Cub Scouts needing financial assistance)
 - Form available at Longhorn Council Dinosaur Safari Day Camp website
 - Form and \$55 fee must be submitted to Council by 5:00PM on May 15, 2019.
 4. Youth Volunteer Contract (If Volunteering)
- ADULT VOLUNTEERS: Obtain completed copies of each of the following;
 1. BSA Annual Health & Medical Record Parts A & B (dated no later than June 10, 2019). **A NOTE REGARDING IMMUNIZATIONS:** Texas Department of State Health Services requires a **Month/Year Date** of last booster be listed on Part B of the BSA Annual Health and Medical Record. Attached copy of immunization record is acceptable. **DO NOT write "CURRENT" for the date.** *For adults 21 years and over, only last Tetanus date is required.*
 2. Adult Registration Form (this year all volunteers must provide a reference)
 3. Adult Volunteer Contract

STEP #4 – PAY YOUR CAMP FEES

- The Unit Liaison is required to go online to www.longhorncouncil.org, sign-up your unit for Cross Timbers District Day Camp and pay your Camp fees. **Please NOTE adults are only free if registered for all 5 days.**
- ❖ NOTE – **This sign-up DOES NOT complete your registration for Camp.** **Online registration MUST be done before May 26, 2019.** It is solely for the purpose of paying your camp fees. **You MUST complete Step #5 below to complete your Day Camp registration.**

STEP #5 – SUBMIT REQUIRED DOCUMENTS TO COMPLETE REGISTRATION

- All documents are required to be turned into the camp director no later than June 1, 2019. There will be two turn in dates prior to the deadline, May 11, 2019 and May 25, 2019, both from 9 A.M.-12 P.M. at Trinity UMC. The pack liaison should bring the packets to one of these times to complete registration. If not done by June 1, 2019 we cannot guarantee acceptance to day camp.

HOW TO SUCCESSFULLY REGISTER FOR DAY CAMP

Paperwork Checklists

For EVERY Youth Registration packet check that the following is verified/included:

- Youth Registration Form
 - Grade and Den as of Fall 2019 (Tiger, Wolf, Bear, Web, AOL)
 - Shirt/hat size and quantity match what is entered in Online registration
 - Youth name and birthdate at the top of each page
 - Parent/Guardian signature
- BSA Health forms A & B
 - Form A has required signatures
 - Form B Immunizations require MONTH/YEAR or copy of shot record attached

For EVERY Adult Registration packet check that the following is verified/included:

- Adult Registration Form
 - Shirt/hat size and quantity match what is entered in Online registration
 - Adult name and birthdate at the top of each page
 - Copy of YPT certificate
 - Character reference is complete
 - Adult signature on page 2
- BSA Health forms A & B
 - Form A has required signatures
 - Form B Immunizations require MONTH/YEAR or copy of shot record attached (For adults 21 and over only Tetanus is required)

YOUTH REGISTRATION

2019 Cross Timbers District Cub Scout Day Camp

Camp Location: Trinity UMC Arlington, TX Camp Dates: 6/10/2019-6/14/2019

This Registration is for a: Cub Scout Tot-Lot Junior Staff (Grades 6+)
Name _____ Gender: Male Female Unit # _____
Address _____ City _____ Zip _____
Date of Birth _____ Grade (as of Fall 2019) _____ BSA Rank/Den (as of Fall 2019) _____
Days Participant Will Be Attending Camp: Monday Tuesday Wednesday Thursday Friday
Parent/Guardian Name _____ Email _____
Home # _____ Work # _____ Cell # _____

EMERGENCY CONTACT: If the above cannot be reached at the phone numbers given, we will attempt to contact:

Name _____ Phone _____ Relationship _____

UNIFORM ORDER: The Day Camp T-Shirt & Hat is the official uniform for Day Camp and MUST be worn each day.

Note: Tot-Lot Participants will receive 1 Youth Medium shirt – extra shirts are NOT available for purchase.
Tot-Lot Participants and Junior Staff are NOT required to purchase or wear the Day Camp Hat.

Indicate the Size & Quantity of shirts for this participant.

Size	Quantity
Youth Small	
Youth Medium	
Youth Large	
Adult Small	
Adult Medium	

Size	Quantity
Adult Large	
Adult X-Large	
Adult 2X-Large	
Adult 3X-Large	
Adult 4X-Large	

Youth (Grades 1-5): 1 FREE T-Shirt & Hat (included in registration fee)
_____ Additional T-Shirt(s) @ \$10.00 each
_____ Additional Hat(s) @ \$10.00 each

Youth (Grades 6 & Up): _____ T-Shirt(s) @ \$9.00 each (MUST order at least 1 shirt)
_____ Hat(s) @ \$10.00 each (Not Required for Junior Staff)

IS THERE ANYONE SPECIFICALLY RESTRICTED FROM PICKING UP THIS CAMPER? YES NO

IF YES, WHO? _____

The information provided on all pages of this registration is correct to the best of my knowledge. I give my permission for full participation in BSA programs, subject to limitations noted herein and on Parts A & B of the BSA Annual Health and Medical Record. In case of emergency, I understand every effort will be made to contact me and/or designated emergency contact. In the event neither can be reached, I hereby give my permission to the licensed healthcare practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for this participant.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

Camp Management ascertains to the ability, character and integrity of staff members to perform the tasks required of his/her position. A list of references is on file with this person's registration with the Boys Scouts of America, Longhorn Council, c/o Day Camp PO Box 54190 Hurst, TX 76054

ADULT REGISTRATION – PAGE 1 of 2

2019 Cross Timbers District Cub Scout Day Camp

Camp Location: Trinity UMC Arlington, TX Camp Dates: 6/10/2019-6/14/2019

This Registration is for a: Den Leader Camp Staff - Position: _____

Name _____ Gender: Male Female Unit # _____

Address _____ City _____ Zip _____

Date of Birth _____ Email _____

Home # _____ Work # _____ Cell # _____

Days Volunteer Will Be Attending Camp: Monday Tuesday Wednesday Thursday Friday

CPR Exp. Date _____ First Aid Exp. Date _____ BB/Archery Exp. Date _____

EMERGENCY CONTACT: In case of a medical emergency, we will attempt to contact:

Name _____ Phone _____ Relationship _____

UNIFORM ORDER: The Day Camp T-Shirt is the official uniform for Day Camp and MUST be worn each day.

Note: Den Leaders and Camp Staff are not required to purchase or wear the Day Camp Hat.

Indicate the Size & Quantity of shirts for this participant.

Size	Quantity
Adult Small	
Adult Medium	
Adult Large	

Size	Quantity
Adult X-Large	
Adult 2X-Large	
Adult 3X-Large	
Adult 4X-Large	

_____ T-Shirt(s) @ \$9.00 each (MUST order at least 1 shirt)

_____ Hat(s) @ \$10.00 each (Not Required for Den Leaders/Camp Staff)

THIS SPACE INTENTIONALLY LEFT BLANK

ADULT REGISTRATION – PAGE 2 of 2

2019 Cross Timbers District Cub Scout Day Camp

Name _____ Date of Birth _____

FACE-TO-FACE YOUTH PROTECTION TRAINING (COURSE YC06-0014)

Attach to this registration a photocopy of your Youth Protection Training (YPT) card from BSA Course# YC06-0014.

BACKGROUND INFORMATION

Have you ever been convicted of a **Felony**? No Yes **Misdemeanor**? No Yes

If "YES" to either above, please give details and explain. _____

CHARACTER REFERENCE

Ask another adult in your organization or in your church or community to complete the section below for your character reference.

To Whom It May Concern:

I, _____ (*Reference - Print Name*), attest to the character and integrity of _____ (*Registrant - Print Name*) to properly supervise youth under the age of 18.

Reference Signature _____ Date _____

Reference Contact Information:

Address _____ City _____ Zip _____

Relationship to Registrant _____ Email _____

Home # _____ Work # _____ Cell # _____

Reference checked by: _____ on _____.

The information provided on all pages of this registration is correct to the best of my knowledge. I give my permission for full participation in BSA programs, subject to limitations noted herein and on Parts A & B of the BSA Annual Health and Medical Record. In case of emergency, I understand every effort will be made to contact me and/or designated emergency contact. In the event neither can be reached, I hereby give my permission to the licensed healthcare practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for this participant.

Signature _____ Date _____

Camp Management ascertains to the ability, character and integrity of staff members to perform the tasks required of his/her position. A list of references is on file with this person's registration with the Boys Scouts of America, Longhorn Council, c/o Day Camp PO Box 54190 Hurst, TX 76054

2019 Cross Timbers District Cub Scout Day Camp

ADULT VOLUNTEER CONTRACT

Name Date of Birth

Position: DEN LEADER/CAMP STAFF

All Volunteers;

- Be at least 21 years old, or at least 18 years old with approval of Camp Director.
- Be able to exert strong leadership skills in a cheerful and friendly manner.
- Hold current Youth Protection Training Certification.
- Assist with daily cleanup and breakdown of Camp. Do not plan to leave before 9:30 P.M.
- Conduct yourself according to the Scout Oath and Scout Law.
- Report any behavior problems to the Camp Director.
- Other duties as assigned.
- Responsible to the Program Director and Camp Director.


Den Leaders;

- Arrive at Welcome Center ready to start checking-in your den no later than 4:00 P.M.
- Keep daily attendance records; reporting attendance before first session daily.
- **Ensure that Den has 2-deep leadership and 5:1 ratio of youth to leadership at all times.**
- Lead den to scheduled Program Areas at the appropriate times.
- Supervise all youth in your den; assisting with housekeeping, sanitation, health and safety, and maintaining proper conduct in the den.
- Assist Camp Staff, Junior Staff and Campers in activities as needed.
- Assist Campers in preparing an opening or closing flag ceremony, song, skit or yell.
- Ensure that all Campers in your den are picked up before you leave for the day.

Camp Staff;

- Arrive at Camp and be ready to start performing assigned duties by no later than 4:00 P.M.
- Deliver a high quality program specific to the duties you have been assigned.
- Coordinate with Den Leaders and Junior Staff to assist you in keeping Campers on-task and assisting with Program Area activities.
- Responsible to the Program Director for all materials and supplies used, reporting any program problems, and securing all materials and work areas daily.

I have read the position description above for Cross Timbers District Cub Scout Day Camp. I will arrive in uniform each day and be ready to perform my assigned duties by no later than 4:00 P.M. I agree to abide by all the rules, regulations and policies of the Camp, the Boy Scouts of America, state and local authorities. I will do my best to fulfill the description of my position and any other duties that may be assigned by the Camp Director, Program Director or Scoutmaster.

 Signature _____ Date

2019 Cross Timbers District Cub Scout Day Camp

YOUTH VOLUNTEER CONTRACT

Name Date of Birth

Position: JUNIOR STAFF

- Be at least a 6th Grader as of Fall 2018, but not yet 18 years old. Junior Staff assigned to a Program area must be at least 14 years old.
- Be willing to exert leadership skills in a cheerful and friendly manner.
- Arrive at Camp and be ready to start performing assigned duties by no later than 4:00 P.M.
- Assist Den Leaders and Camp Staff as needed.
- **Assist with daily cleanup and breakdown of Camp. Do not plan to leave before 9:30 P.M.**
- Conduct yourself according to the Scout Oath and Scout Law.
- Report any behavior problems to the Camp Director.
- Other duties as assigned.
- Responsible to Scoutmaster, Program Director and Camp Director.

I have read the position description above for Cross Timbers District Cub Scout Day Camp. I will arrive in uniform each day and be ready to perform my assigned duties by no later than 4:00 P.M. I agree to abide by all the rules, regulations and policies of the Camp, the Boy Scouts of America, state and local authorities. I will do my best to fulfill the description of my position and any other duties that may be assigned by the Camp Director, Program Director or Scoutmaster.

 Signature _____ Date

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
DOB: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.



List participant restrictions, if any: None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



Part B: General Information/Health History

Full name: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

DOB: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.



In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date:
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma	Last attack date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date:
		List any other medical conditions not covered above	



Part B: General Information/Health History

Full name: _____
 DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN. IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

YES NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

!

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

!

Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)	Please list any additional information about your medical history:
			Tetanus		
			Pertussis		
			Diphtheria		
			Measles/mumps/rubella		
			Polio		
			Chicken Pox		
			Hepatitis A		
			Hepatitis B		
			Meningitis		
			Influenza		
			Other (i.e., HIB)		
			Exemption to immunizations (form required)		

DO NOT WRITE IN THIS BOX
 Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____

2018 Cross Timbers District Cub Scout Day Camp

CAMP RULES

ALL CAMP PARTICIPANTS, STAFF AND VISITORS MUST CHECK-IN UPON ARRIVAL AT CAMP AND CHECK-OUT BEFORE LEAVING CAMP.

- Cub Scout and Girls Den participants will check-in and check-out with their Den Leader.
 - Tot-Lot participants will be checked-in and checked-out by their Parent/Guardian with the Tot-Lot Supervisor.
 - Den Leaders, Adult Staff, and ALL VISITORS will check-in and check-out at Headquarters.
 - Youth Staff will check-in and check-out at Headquarters.
1. All Camp participants will use the Buddy System.
 2. All Camp participants must stay with their assigned Den unless the Den Leader gives permission for them to leave.
 3. Wear your Camp T-shirt, Camp Hat and closed-toe/closed-heel shoes each day.
 4. No running in Camp... unless it is a requirement of the Program Area's activity.
 5. Keep sidewalks and pathways clear of carts, chairs, bags, bottles, and all other obstructions.
 6. DO NOT go outside Camp boundaries as shown on Camp Map. Stay out of unauthorized areas marked by flags and/or caution tape. Keep out of wooded areas and pond unless part of a Program Area activity. Stay clear of ranges AT ALL TIMES unless scheduled to be on the range. Keep away from driveways and parking lots, unless entering or exiting a vehicle.
 7. Use provided bags and dispose of bags daily at dumpsters.
 8. Any injury, no matter how small, must be reported to the Den Leader and the Camp Health Officer immediately.
 9. NO SMOKING in view of youth participants. Please check with the Camp Director for the designated smoking area.
 10. NO KNIVES, GUNS, TOYS, PETS OR ELECTRONIC DEVICES ALLOWED.
 11. PROFANITY, FIGHTING, VANDALISM, UNSAFE ACTS, INAPPROPRIATE CLOTHING, AND/OR DISRESPECT DISPLAYED BY ANY YOUTH OR ADULT WILL NOT BE TOLERATED.
 12. Behavior problems will be brought to the Camp Director. If this causes the individual to miss an event, they will not be able to make it up. The severity and/or frequency of behavior problems could result in the individual being dismissed from Camp and asked not to return. In such cases, no refunds will be given.
 13. Obey all traffic laws while driving in Camp and observe the following directions for drop-off, pick-up, and parking;
 - Main Parking Lot is for drop-off and pick-up of participants only.
 - When dropping-off/picking-up a camp participant, please stay in your vehicle, and follow the directions of Camp Staff. We will get your child where they need to go.
 - PARK ONLY IN MARKED SPACES—please stay out of special parking spaces labeled by the church.