



Things to Bring

Cub Scout Uniform (for Supper)
Comfortable clothes
Comfortable **CLOSED-TOE** Shoes
Tent & Bed Roll, Pillow, Cot
Towel & basic toiletries
Jacket & Hat
Insect Repellent/Flashlight
Rain Gear
Camera & Film (optional)
Fishing Gear (optional)

Please Leave These at Home

Non-Scout Brothers & Sisters & Moms

Council Cub Camping Activity Refund Policy

All refund requests must be in writing and sent to the Council Office. No refund may be made without written request.

A 50% refund will be made if the written request is received 7 days prior to any Council event.

After 7 days prior to any Council event, there will be no refund.

CUBSTRUCTION AT CAMP DIERKS 2010 DAD & LAD



**APRIL 17 & 18
APRI 24 & 25**



Special Camping Weekend For all Registered Cub Scouts and their Male Chaperone

This is a special weekend for Cub Scouts at beautiful Camp Dierks. Please, join us on one of these weekends for lots of fun centered on Cubstruction.

Activities include: tent camping, a special construction site area working with wood and a rock range (new), also Shooting Sports featuring Wrist Rockets and Archery (no BB's). There will also be activities offered after Chapel on Sunday Morning.

Advancements will happen naturally throughout the different activities. No sheet will be handed out saying what was earned, please be familiar with what your son needs to advance and what he does on this weekend. This is a FUN weekend for the Cub Scouts and their Male Chaperone.

Participation is limited to the first 400 people. (each weekend)

Gates will open at 8:00 am on Saturday. The event will last till 11:00 am on Sunday.

Registration covers all meals, insurance and program supplies.

Registration fee is \$25 per person by April 2nd.

After April 2nd the fee will raise to \$40 per person.

*Send registration directly to the Council Office, PO Box 995, Paris Texas 75461.

Please notify your Cubmaster and arrange to travel as a pack.

ALL VEHICLES WILL BE PARKED IN DESIGNATED PARKING AREAS.



Campers will be unloading their gear onto trailers. We will drive your gear down to your campsites. Pack your gear in tubs for easier handling. Please, mark your belongings with your name and Pack number.

If there is a reason you need your vehicle in the camping area, please contact the Council Office prior to camp.

Youth protection policies of the Boy Scouts of America do not allow parents to share a tent with any youngster except their own.

Saturday

Gates open at 8:00 am
Activities start at 10:00 am
Meals in Dining Hall
Flag Ceremony
Campfire



Sunday

Breakfast in Dining Hall
Inspirational
Inter-Denominational Service
Activities till 11:00 am
Pack and Go Home

**Trading Post will be open
all weekend**

Join the Fun at Dad & Lad

Non-Profit Organization
U.S. Postage Paid
Permit No. 11
Paris, Texas

Netseo Trails Council
Boy Scouts of America
PO Box 995
Paris Texas 75461

Prior to April 2, 2010 registration fee is \$25 per person. If after April 2nd, the fee will be \$40 per person.

Mail check to: BSA, PO Box 995, Paris, Texas 75461.

PLEASE: ONLY PERSON PER FORM

NOTE: ONE FORM FOR YOUTH AND A SEPARATE FORM FOR ADULT

YOUTH FORM

YES! WE WANT TO JOIN THE FUN AT Dad & Lad! We plan to attend: (check one)

April 17 & 18 _____ **April 24 & 25** _____ Fees Enclosed \$ _____ Pack No. _____

Name _____ Date of birth _____ Age _____ Grade _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ Cell _____ Email _____

Health/accident insurance company _____

Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____

Address _____

Phone (H) _____ (B) _____ (Cell) _____

Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	_____
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	_____
<input type="checkbox"/>	<input type="checkbox"/>	COPD	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ear/sinus problems	_____
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition	_____
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological and emotional difficulties	_____
<input type="checkbox"/>	<input type="checkbox"/>	Learning disorders	_____
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding disorders	_____
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells	_____
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Sickle cell disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	_____
<input type="checkbox"/>	<input type="checkbox"/>	Sleep disorders	_____
<input type="checkbox"/>	<input type="checkbox"/>	GI problems	_____
<input type="checkbox"/>	<input type="checkbox"/>	Surgery	_____
<input type="checkbox"/>	<input type="checkbox"/>	Serious injury	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____

MEDICATIONS

List all medications currently used:

Allergies or Reaction to:

Medication _____

Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Exemption to immunizations claimed.

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)

Parent Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities. In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 to the adult in charge 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.

- Without restrictions.
- With special considerations or restrictions (list)

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.

Participant's name _____

Parent/guardian's signature _____

(if under the age of 18)

Date _____

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ADULT FORM

YES! WE WANT TO JOIN THE FUN AT Dad & Lad! We plan to attend: (check one)

April 17 & 18 _____ **April 24 & 25** _____ Fees Enclosed \$ _____ Grade _____

Name _____ Date of birth _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ Cell _____ Email _____

Health/accident insurance company _____

Policy No. _____

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Yes	No	Date
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<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
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