

**CUB FAMILY WEEKEND**

**It's A Mystery**

**Please complete both sides of the form!**  
**Each camper attending must use a separate form!**

**BSA Health & Medical Record Part A** for the person named on the other side of this form. To be filled out by parent or guardian annually for all participants. Check all items that apply, past or present, to your health history, Explain any "Yes" Answers.

Health/Accident Ins. Carrier \_\_\_\_\_  
 Policy # \_\_\_\_\_

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

Yes	No	Condition	Explain
		Asthma Last Attack:	
		Diabetes Last HbA1c: _____	
		Hypertension (High Blood Pressure)	
		Heart Disease (i.e. CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular / skeletal conditions	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (i.e. ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e. sleep apnea)	Use CPAP: Yes__ No__
		Abdominal/digestive problems	
		Surgery	
		Serious Injury	
		Other	

**IMMUNIZATIONS:**

The following are recommended by the BSA. **Tetanus immunization is required and 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**
- Tetanus \_\_\_\_\_
  - Pertussis \_\_\_\_\_
  - Diphtheria \_\_\_\_\_
  - Measles \_\_\_\_\_
  - Mumps \_\_\_\_\_
  - Rubella \_\_\_\_\_
  - Polio \_\_\_\_\_
  - Chicken pox \_\_\_\_\_
  - Hepatitis A \_\_\_\_\_
  - Hepatitis B \_\_\_\_\_
  - Influenza \_\_\_\_\_
  - Other (i.e., HIB) \_\_\_\_\_

Exemption to immunizations claimed

**MEDICATIONS:**

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only

Medication \_\_\_\_\_  
 Strength \_\_\_\_\_ Frequency \_\_\_\_\_  
 Approximate date started \_\_\_\_\_  
 Reason for medication \_\_\_\_\_

Medication \_\_\_\_\_  
 Strength \_\_\_\_\_ Frequency \_\_\_\_\_  
 Approximate date started \_\_\_\_\_  
 Reason for medication \_\_\_\_\_

**ALLERGIES or REACTIONS TO:**

Medication \_\_\_\_\_  
 Food, Plants, or Insect Bites \_\_\_\_\_

Special requirements: \_\_\_\_\_

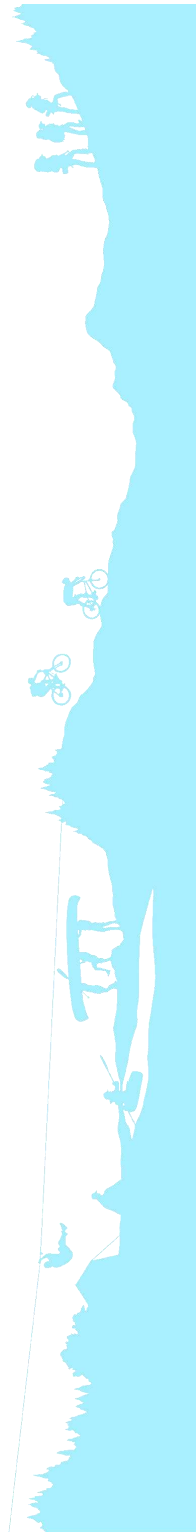
Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

**Medical Permission To Treat Minor** I give my permission for full participation in BSA programs, subject to limitations noted herein. IN CASE OF EMERGENCY, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I can not be reached, I hereby give my permission for the licensed health care practitioner selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child (or me if an adult).

Initial: \_\_\_\_\_

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**BOY SCOUTS OF AMERICA**  
**SUWANNEE RIVER AREA COUNCIL**  
 2032 Thomasville Road  
 Tallahassee, FL 32308  
 850 576-4146 - Office • FAX - 850 575-6991  
 suwanneeriverareacouncil@gmail.org  
 www.suwanneeriver.net



**BOY SCOUTS OF AMERICA®**  
**SUWANNEE RIVER AREA COUNCIL**

Presents.....  
**CUB FAMILY WEEKEND**

**It's A Mystery**

A Camporee for Cub Scouts



**October 27—29, 2017**

@

**Wallwood Boy Scout Reservation**

23 Wallwood BSA Dr.  
 Quincy, FL 32351

- Camp Director:** Kelly Hale 850 408-8774  
 halekelly23@gmail.com
- Program:** Elaine Heenthal 850 385-1540  
 eheenthal@comcast.net
- Professional:** Bob Norwillo 772 214-5659
- Advisor** Bob.Norwillo@scouting.org

[www.SUWANNEERIVER.net](http://www.SUWANNEERIVER.net)

**SUWANNEE RIVER AREA COUNCIL  
CUB FAMILY WEEKEND**

# It's A Mystery

**WHO:** All registered Cub Scouts  
(Lion, Tiger, Wolf, Bear & Webelos)  
Including Family members (Parents and Siblings)

**WHERE:** Wallwood Boy Scout Reservation  
**ADDRESS:** 23 Wallwood BSA Dr.; Quincy, FL

**WHEN:** October 27 – 29, 2017  
Friday Check-in will begin at 4:00pm – 9:00pm. No vehicles allowed in campsites, thus gear will be shuttled to the flagpole area in each campsite. A Pack trailer may be taken to the campsite, but tow vehicle must be removed to parking lot.

**FEES:** \$45 for each person (Cub Scout, parent, or sibling) if registered by Oct. 6 (three weeks prior to event); or else \$55 if registered by Oct. 13; at the door is \$65 with no guarantee of patch or food. No cost for children 3 years of age and under. **\$15 credit will be given for food if Pack/Family is supplying own food for entire weekend.** Fees are transferable; not refundable! Fees include food, patch, and program materials.

**UNIFORM:** Please travel in Uniform, but bring Scouting t-shirt, shorts and closed-toe shoes. Costumes are welcome, no weapons please.

**FOOD:** Meals include: Saturday – Breakfast, Lunch and Dinner and Sunday Breakfast

**TRANSPORTATION:** Families are responsible for their own transportation to and from camp.

**CAMP STAFF**

**LEADERSHIP:** Qualified First Aid is available at all times. Volunteers are needed for a variety of positions including Program Area Leaders for games or crafts. Please let Kelly Hale know of your interest and willingness to help.

**REGISTRATION:** Please use the attached registration form. Registration is on a Family basis. Families from the same Pack will be assigned the same campsite. Requests for fee transfers must be made in writing to the Council Service Center by the first day of the event. *Registration for this activity includes permission for Suwannee River Area Council to use voice and/or photographs of participants in news coverage or similar projects approved by the Boy Scouts of America.*

**PROGRAM:** Advancement opportunities will include the following Rank Adventures:  
Lion—TBA  
Tiger - Curiosity, Intrigue, and Magical Mysteries  
Wolf - Hometown Hero  
Bear - Forensics with Whittling Chip  
Webelos/Arrow of Light - Build My Own Hero  
These programs will be held Saturday morning.

**ACTIVITIES:** Archery, Slingshot and Bb guns; games, bouncy house, crafts, Special Clue Hunt with hands on activities and events. After lunch will be open program with crafts and games related to the theme .

**HEALTH FORM:** The attached health form must be completed and turned in at the time of registration or before. 1 health form per camper.

**CAMPERSHIP:** A limited number of need-based, partial camperships are being offered. For information on how to apply, please contact the Camp Director.

**CLOSING CEREMONIES:** Saturday night campfire will close out the formal program of the weekend with songs and skits.

**Sunday Chapel:** All participants are invited to attend the Scouts Own Service at 9:30am.

We are putting together packages to send to our Military Hero's - please bring items, your family can contribute to this effort, with you to camp. Drop off at the Registration Table near the parking lot.

Campers who must leave early for any reason must report to the Administration Building and to Pack Leadership prior to leaving camp.

No Cub Scout is allowed to carry a knife!  
No Alcohol or Firearms allowed in camp!



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**Wallwood Boy Scout Reservation  
October 27 – 29, 2017**

**Please complete both sides of the form!  
Each camper attending must use a separate form!  
Including Parents and Siblings**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Pack # \_\_\_\_\_ Family: \_\_\_\_\_

Special Requirements: \_\_\_\_\_

Family Member: (circle one)

Infant: 0-3    Youth: 4-17    Adult: 18+

Scout Rank: (circle one)    Lion    Tiger

Wolf    Bear    Webelos/Arrow of Light

**Informed Consent for Scouting Activity:** I understand that participation in activities associated with the Scouting Program such as the bb guns/archery activities offered through the Suwannee River Area Council, BSA involves inherent risks that could result in injury and/or death. I give permission to engage in provided activities and do hereby release and hold harmless and waive all claims I may have against: Suwannee River Area Council, BSA and any volunteers, activity coordinators, employees and or organizations associated with this event. By signing this agreement I waive my right to bring court action to recover compensation or obtain any other remedy for any injury, death or loss of property however caused arising from participation in this activity now or in the future even though caused by negligence of those parties operating the event.

Initial: \_\_\_\_\_

**Firearms Permission, Notice to Parents:** The State of Florida has enacted legislation that requires the consent of a minor's parent or guardian before a firearm may be furnished for the purpose of instruction in the safe handling and shooting of firearms and related activities. If your child will be participating in the shooting sports programs at WBSR, it will be necessary for you to give consent.

Initials: \_\_\_\_\_

**Please make checks payable to:**

Suwannee River Area Council mail: 2032 Thomasville Road; Tallahassee, FL 32308 or FAX: 850 575-6991 or e-mail: Billy.Hartsfield@scouting.org

\$45 if postmarked on or before October 6 \_\_\_\_\_

\$55 if postmarked on or before Oct 13 \_\_\_\_\_

-\$15 Food Credit \_\_\_\_\_

TOTAL \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_