



Cub Scout Friendship Day Camp June 8-9 2019

- WHAT:** What better way is there to kickoff summer than with two great days in the outdoors? Pack your day pack and get ready for a fun-filled camp of archery, BB guns, crafts, games and much, much more!! Are you new to Scouting? Then come to Cub Scout Friendship Camp and learn what the outing in Scouting is all about!
- WHO:** All Tiger, Wolf, Bear and Webelos and a parent. Siblings are not included in this event.
- WHERE:** Yerba Buena High School
1855 Lucretia Ave, San Jose, CA 95122
Vehicle parking is free
- WHEN:** The program will start at 8a.m and concludes at 3PM both Sat & Sun.
- COST:** \$60 per registered Cub Scout—register by May 1th and save \$10.
Saturday and Sunday lunch and all activity supplies will be provided along with a camp T-shirt and patch. Siblings, parents, adult volunteer and staff pay \$15 per person to cover Saturday and Sunday lunch. T-Shirt not included for siblings, parents, and adult volunteer.

To make your reservation, complete this registration form and return it with your payment to: Silicon Valley Monterey Bay Council, BSA; 970 W Julian St, San Jose, CA 95126. Attn: Marcell Vargas

*****If there are any cancellations, please notify Marcell Vargas marcell.vargas@scouting.org in writing at least two weeks prior to the committed date. All refunds are subject to a 15% cancellation fee. There are likely to be Scouts on a waiting list. For registration, facility questions and other information email Khanh Tran (khanh.troop817@gmail.com). The event will be held rain or shine. No refunds due to weather.



Trại Kết Thân của Ngành Ấu Ngày 8 và 9 tháng Sáu, năm 2019

- CÁI GÌ:** Không có gì hay hơn bằng bắt đầu mùa hè với hai ngày vui ngoài trời đầy những trò chơi vui nhộn như bắn cung tên, bắn súng BB, thủ công ...? Các em mới vào hướng đạo? Không sao, hãy tới tham dự trại Kết Thân Ngành Ấu để biết thêm về sinh hoạt hướng đạo ngoài trời.
- AI:** Các em hướng đạo thuộc ngành ấu: Cọp, Chó Sói, Gấu và Webelos và một người mẹ hay người cha. Chương trình trại chỉ dành cho các hướng đạo sinh, không dành cho anh em, chị em khác trong nhà.
- Ở ĐÂU:** Trường Trung Học: Yerba Buena High School
1855 Lucretia Ave, San Jose, CA 95122
Không phải trả tiền đậu xe
- LÚC NÀO:** Chương trình bắt đầu từ 8:00 sáng và kết thúc ngày lúc 3:00 chiều cho cả hai ngày thứ Bảy và Chủ Nhật.
- GIÁ CẢ:** \$60 cho mỗi em hướng đạo sinh. Ghi danh trước 1 tháng 5 được bớt \$10.00.
Lệ phí trại được dùng để mướn đất trại, cung cấp đồ và các sinh hoạt, các bữa ăn trưa Thứ Bảy, Chủ Nhật, và áo T-shirt.
- Anh em, cha mẹ và nhân viên của trại trả \$15 bữa ăn trưa thứ Bảy và Chủ Nhật. Sẽ không có áo T-shirt trừ nhân viên trại.

Để đặt chỗ trước, xin điền đơn dưới đây kèm theo tiền lệ phí. Gửi đơn hay FAX và lệ phí (phiếu trưng mục ngân hàng hay thẻ tín dụng) tới: Silicon Valley Monterey Bay Council, BSA; 970 W Julian St, San Jose, CA 95126. FAX # (408) 280-5162 Attn: Marcell Vargas.

*****Nếu phải hủy bỏ ghi danh một em ấu sinh, xin báo cho anh **Marcell Vargas** marcell.vargas@scouting.org biết qua một văn thư ít nhất hai tuần trước khi nhập trại. Tiền hoàn lại có thể bị đóng phạt 15%. Nên biết rằng có thể có các em ấu sinh đang trong nằm danh sách chờ. Nếu có câu hỏi về ghi danh, đất trại hay các câu hỏi khác, xin liên lạc với Khanh Tran (khanh.troop817@gmail.com). Trại Kết Thân vẫn được tiến hành như thường cho dù cho thời tiết nắng hay mưa. Không hoàn tiền lại vì lý do thời tiết.





2019 Registration Cub Scout Friendship Camp—

June 8-9, 2019 @ Yerba Buena High School

This form is required for each Cub Scout



Pack # _____ Lien Doan: _____

Camper's name (First, Last): _____ Parent's Name: _____

Scout Date of birth: _____ Parent's Email _____

Address: _____

Cell Phone: _____ Home Phone: _____

T-SHIRT SIZE OF SCOUT: Youth-Small Youth-Medium Youth-Large Adult-Small Adult-M

Scout & Youth Staff Must Complete: Medical Form A&B

Mẫu ủy quyền vũ khí và mẫu A & B cần có chữ ký của cha mẹ

Cost Summary / Number Attending	
Cost	Rank/Grade is for Fall of 2019 Each
\$60	Cub Scouts (Indicate # of youth for each level) Tiger: <input type="radio"/> Wolf: <input type="radio"/> Bear: <input type="radio"/> Webelos I: <input type="radio"/> Webelos II: <input type="radio"/> = \$
-\$10	Discount per Scout if registration is received by May 1st, 2019 = \$
\$15	Youth / Adult volunteer (\$15 each) = \$
	Event Code # 1-6801-817-20 Total = \$

We accept Credit Card: Visa MasterCard Discover American Express [Please select one]

Name of Card _____ Signature: _____

Card#: _____ Exp. Date: (mm/yy) _____ Security Code: _____

I agree to pay for the above total fee in accordance to my credit card agreement

- Each Den is 8-10 Scouts and will require a minimum of 3 parents to assist walking with
- Cubmasters are responsible for making sure that for every 5 Cubs going to camp that 1 parent per day is present to help
- Parents only: Please check the day you will attend: Saturday Sunday Both

<p>Registration Deadline Register by May 1th and save \$10 per Scout!!</p>	<p>Mail to: Silicon Valley Monterey Bay Council, BSA CS Friendship Camp # 817 970 W Julian Street, San Jose, CA 95126</p>
<p>Payment Options: Send check payable to "SVMBC-BSA" or Complete & sign credit card information above</p>	<p>Need More Info? Call the Council Office at 408- 638-8334 Visit the council website www.svmc.org</p>



Cub Scout Friendship Day Camp

Camp Volunteer Staff

2019 Application



Camp Location: Yerba Buena High School Camp Dates: June 8-9, 2019

Pack/Troop/Crew # _____ Lien Doan _____

Full Name: _____ Age: _____

Address _____

Phone Home _____ Cell _____ e-mail _____

Staff fee is \$15 per person. This covers lunch both days, staff t-shirt and camp patch.
Payment Received: _____

All Staff must be a currently registered volunteer with the Silicon Valley Monterey Bay Council. What is your current Scouting Position? _____

Have you completed Youth Protection Training? If yes, on what date? _____

All volunteers receive one **t-shirt** and a camp patch. Please circle your t-shirt size:

- Youth Large
 Adult Small
 Adult Med
 Adult LG
 Adult XL
 Adult 2XL
 Adult 3XL

Additional t-shirts are \$10 each. Additional t-shirts I would like to purchase _____

I can work on the following days: (please select days available) Friday for set-up Saturday Sunday

You will be contacted prior to camp to confirm your work day(s) and your assigned position.

I'm willing to be a (please check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Den Guide | <input type="checkbox"/> Station Host | <input type="checkbox"/> Camp Medical Officer* |
| <input type="checkbox"/> BB Gun Range Officer* | <input type="checkbox"/> BB Gun Range Assistant* | |
| <input type="checkbox"/> Archery Range Officer* | <input type="checkbox"/> Archery Range Assistant* | |

Please list qualifications and any other certificates you hold _____

LIST TRAINING CERTIFICATES YOU HOLD:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Youth Protection | <input type="checkbox"/> Cub Scout Specific | <input type="checkbox"/> Current First Aid Certification | <input type="checkbox"/> |
| <input type="checkbox"/> BSA Archery | <input type="checkbox"/> BSA BB Guns | <input type="checkbox"/> Current CPR Certification | <input type="checkbox"/> Teaching Credential |

Special talents or interests:

- | | | | | |
|---------------------------------------|---|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Games/Sports | <input type="checkbox"/> Songs | <input type="checkbox"/> Ceremonies | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Webelos Activities | <input type="checkbox"/> Skits | <input type="checkbox"/> Bicycling |
| <input type="checkbox"/> Nature craft | <input type="checkbox"/> Day care/Tot Lot Cooking | <input type="checkbox"/> Archery | <input type="checkbox"/> BB guns | <input type="checkbox"/> Scouts |
| | | <input type="checkbox"/> other _____ | | |

Each Staff member must complete sections A & B of the Annual Health and Medical Record. Please attach a copy to this application.

Volunteer Staff Member Agreement

I am offering my services to the Silicon Valley Monterey Bay Council as a volunteer member of the summer day camp staff. I understand that this is a volunteer service and promise to live by the Scout Oath and Law.

Signature

Date

Please return to: Coyote Creek Friendship Day Camp, 970 W Julian Street, San Jose, CA 95126

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: _____
DOB: _____

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

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
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date:
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	Last attack date:
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion	
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral/neurological disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	Last seizure date:
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Excessive fatigue	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date:
<input type="checkbox"/>	<input type="checkbox"/>	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
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	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)
<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/mumps/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"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., HIB)	
<input type="checkbox"/>	<input type="checkbox"/>		Exemption to immunizations (form required)	

Please list any additional information about your medical history:

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

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____