



Cub Scout Friendship Day Camp June 7-8, 2014

- 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:** Lake Cunningham Regional Park in the Cypress Pavilion Picnic area. Use the park entrance on S. White Road, and then turn right. Vehicles parking need to pay the \$6 day use parking fee.
- WHEN:** The program will start Saturday morning at 9 a.m. (registration at 8:00 a.m.) and concludes at 4 p.m. On Sunday the program will start at 9 a.m. (registration at 8:30 a.m.) and concludes at 4 p.m. following a closing campfire and awards ceremony.
- COST:** \$55 per registered Cub Scout—register by April 30th and save \$10. Saturday and Sunday lunch and all activity supplies will be provided along with a camp T-shirt and patch. Parents and staff pay \$10 per person to cover Saturday and Sunday lunch.

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.

*****If there are any cancellations, please notify Gary Varano Gary.Varano@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 Tuan Nguyen at paul.nguyenx@gmail.com. The event will be held rain or shine. No refunds due to weather.



Trại Kết Thân của Ngành Ấu Ngày 7 và 8 tháng Sáu năm 2014

- 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:** Lake Cunningham Regional Park trong khu Cypress Pavilion Picnic. Đi vào cổng chính của công viên trên đường South White Rd và quẹo phải. Phải trả \$6.00 parking fee mỗi xe mỗi ngày.
- LÚC NÀO:** Chương trình Thứ Bảy 7 tháng 6 bắt đầu từ 9:00 sáng (làm giấy tờ nhập trại từ 8:00AM). Trại kết thúc trong ngày lúc 4:00 chiều. Chương trình Chủ Nhật 8 tháng 6 bắt đầu từ 9 sáng (làm giấy tờ nhập trại từ 8:30AM). Trại kết thúc trong ngày lúc 4:00 chiều với lửa trại và lễ trao giải thưởng.
- GIÁ CẢ:** \$55 cho mỗi em hướng đạo sinh. Ghi danh trước 30 tháng 4 được bớt \$10.00. Lệ phí trại được dùng để mượn đất trại, cung cấp đồ và các sinh hoạt, các bữa ăn trưa Thứ Bảy, Chủ Nhật, và áo T-shirt. Cha hay mẹ và nhân viên của trại trả \$10 (gồm bữa ăn trưa thứ Bảy và Chủ Nhật).

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: Gary Varano.

*****Nếu phải hủy bỏ ghi danh một em ấu sinh, xin báo cho anh Gary Varano Gary.Varano@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 Tuan Nguyen (paul.nguyenx@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.





2014 Registration Form—DAY CAMP

Cub Scout Friendship Camp—June 7-8, 2014—Lake Cunningham Park

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: Parental Firearm Authorization Form

Medical Form A&B

Cost Summary / Number Attending	
Cost	Rank/Grade is for Fall of 2014 Each
\$55	Cub Scouts (Indicate # of boys for each level) Tiger: Wolf: Bear: Webelos I: Webelos II: = \$
-\$10	Discount per Scout if registration is received by April 30, 2014 = \$
\$10	Sibling or Adult volunteer (\$10 each) = \$
Event Code # 1-6801-617-20	
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

Registration Deadline
Saturday, May 10th
Register by April 30th and save \$10 per Scout!!

Payment Options:
 Send check payable to "SVMBC-BSA" or
 Complete & sign credit card information above

Mail to:
 Silicon Valley Monterey Bay Council, BSA
 CS Friendship Camp
 970 W Julian Street, San Jose, CA 95126

Need More Info?
 Call the Council Office at 408- 638-8334
 Visit the council website www.svmc.org

THIS DOCUMENT AUTHORIZES PARTICIPATION BY A MINOR IN CERTAIN ACTIVITIES. DO NOT COMPLETE THIS FORM UNLESS YOU WISH YOUR CHILD TO PARTICIPATE IN THESE ACTIVITIES.

**PARENTAL FIREARM AUTHORIZATION FORM
CONSENT OF MINOR TO USE FIREARMS,
AMMUNITION, AND B.B. GUNS & RIFLES***

I, the undersigned custodial parent or legal guardian of

_____, a minor, do hereby authorize the Silicon Valley Monterey Bay Council to furnish firearms, ammunition, and B.B. guns, as appropriate**, to the minor named herein for the purpose of instruction in the safe handling and shooting of firearms, target shooting, and related activities under the supervision of the shooting sports director, range master, or range staff.

I do further agree to indemnify and hold harmless the Boy Scouts of America, Silicon Valley Monterey Bay Council and all officers, members, employees, and volunteers thereof, from all suits or actions brought for, or on account of, any injuries or damages received or sustained by any person or persons by or from the consequences of any negligence or any act or omission of the above named minor occurring during the course of said instruction.

This authorization will remain in effect for said minor while participating in any Boy Scouts of America program or related activity related to firearms, ammunition, and B.B. guns or rifles unless revoked in writing by the undersigned and said revocation is personally delivered to the Silicon Valley Monterey Bay Council.

Scout's name: _____ Pack/Troop/Crew # _____

Parent's name: _____ Date: _____, 20____.

Parent's signature: _____

* The State of California has enacted legislation that requires the consent of a minor's parent or guardian before a firearm, live ammunition or B.B. guns may be furnished to the minor for the purpose of instruction in the safe handling and shooting of guns and related activities. It is necessary for you to give consent for your child to participate in the above listed activities.

**Cub Scouts are restricted to using B.B. guns but Boy Scouts may use any equipment listed herein.

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

Name _____ Date of birth _____ Age _____ Male ☐ Female ☐
Address _____ Grade completed (youth only) _____
City _____ State _____ Zip _____ Phone No. _____
Unit leader _____ Council name/No. _____ Unit No. _____
Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
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 _____
Home phone _____ Business phone _____ Cell phone _____
Alternate contact _____ Alternate's phone _____

HEALTH HISTORY

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

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea)	Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
Food, Plants, or Insect Bites _____

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
<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"/>	Other (i.e., HIB) _____

☐ Exemption to immunizations claimed (form required).

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.

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

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____

Administration of the above medications is approved by (if required by your state): _____ / _____
Parent/guardian signature and/or MD/DO, NP, or PA signature

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.

Emergency contact No.:

Allergies:

DOB:

Full name:

Part B

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

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 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.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. 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.

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.

☐ Without restrictions.

☐ With special considerations or restrictions (list) _____

TALENT RELEASE AGREEMENT

I hereby assign and grant to the local council and the Boy Scouts of America 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 hereby 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

☐ Yes ☐ No

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

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

1. Name _____ Telephone _____

2. Name _____ Telephone _____

3. Name _____ Telephone _____

Adults NOT authorized to take youth to and from events:

1. Name _____

2. Name _____

3. Name _____

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, or Florida Sea Base: I have also read and understand the risk advisories explained in Part D, 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.

Participant's name _____

Participant's signature _____ Date _____

Parent/guardian's signature _____ Date _____

(if participant is under the age of 18)

Second parent/guardian signature _____ Date _____

(if required; for example, CA)

This Annual Health and Medical Record is valid for 12 calendar months.

Part B Full name: _____ **DOB:** _____