

CUB SCOUT DAY CAMP

Cub Scout Day Camp ideally encourages participation of den and pack leaders to strengthen packs so their boys benefit and grow with a good outdoor experience. The camp is an outdoor experience where Cub Scouts participate in sports, games, and crafts, explore nature and work on achievements, electives and badges. Boys have fun in the outdoors ~ ~ **that's Cub Scout Day Camp...**

The Cub Scout Day Camp program is designed to teach skills and develop attitudes that make a boy more self-reliant and more at home in the outdoors. He will have fun with a purpose. The purpose is to build character while providing a memorable experience in the life of a boy. Make sure your boys get Cub Scouting at its best by attending Cub Scout Day Camp.

All Cub Scouts ~ ~ From this year's Tiger Cub's to Webelos Scouts ~ ~ are encouraged to attend. Day Camp is usually the first camping experience for a Scout. Boys attend Day Camp and return home each day. There is no overnight camping. Scouts participate in outdoor activities centered around a camping theme.

Day Camp is a program of the Twin River Council, Boy Scouts of America and is made available through each of the council's Districts. It meets the standards of the National Council, BSA and is inspected annually to assure a high quality, successful camping experience. You may attend any or all of the District-sponsored Day Camps. It's a 5-day program that takes place Monday - Friday. Of course, you're welcome to attend the entire week of camp with your son, or just come and spend a day!!

PLEASE NOTE THAT A PACK SENDING FIVE OR MORE CUB SCOUTS OF THE SAME RANK IS REQUIRED TO PROVIDE A DEN LEADER FOR THAT RANK AT DAY CAMP.



Plan for this summer's biggest party at Cub Scout Day Camp. Fun will be the main objective of the day. Centered around the theme "**Cubs in Space**" There will be lots of activities designed to engage a child's imagination. Nature hike, crafts, sports, and games are just some of the daily fare, along with our exciting theme. There will also be entertainment, Demonstrations, special activities, and a whole lot more!!

FORT ORANGE (Albany County)
Place: Colonie Town Park

Date: July 13th -17th, 2009
Time: 9:00 a.m. - 4:00 p.m.

Camp Director: Holly Rogers
hakrogers@msn.com
District Director: Dennis Dugan
869-6436 Ext. 34
Dennis.Dugan@scouting.org

MAHIKAN (Columbia & Rensselaer Counties)
Place: Rotary Scout Reservation

Date: July 6th - 10th, 2009
Time: 8:00 a.m. - 4:00 p.m.

Camp Director: Lori Cocca
coccafam@yahoo.com
District Director: Bob D'Avignon
869-6436 Ext. 33
Bob.D'Avignon@scouting.org

SARATOGA (Saratoga County)
Place: Camp Boyhaven

Date: July 20th - 24th, 2009
Time: 8:45 a.m. - 4:30 p.m.

Camp Director: Sharon Clairmont
daycamp@saratogadistrictbsa.org
District Executive: Fred Harris
869-6436 Ext. 28
Fred.harris@scouting.org

SCHENECTADY (Schenectady County)
Place: Camp Boyhaven

Date: July 27th - 31st, 2009
Time: 9:00 a.m. - 4:00 p.m.

Camp Director: Adora McDonald
280-3745
iadora@hotmail.com
District Executive: Carl Alesio
869-6436 Ext. 29
Carl.Alesio@scouting.org

SIR WILLIAM JOHNSON
(Fulton, Montgomery, & Hamilton Counties)
Place:Woodworth Lake Scout Reservation

Date: July 6th - 10th, 2009
Time: 8:30 a.m. - 5:30 p.m.

Camp Director: Cheryl Andrist
661-5742
Billand@frontiernet.net
District Director: Tom Blackmon
725-3466
Thomas.Blackmon@scouting.org

Wakpominnee
(Warren, Washington & Essex Counties)
Place:Camp Wakpominnee

Date: July 6th - 10th & 20th - 24th, 2009
Time: 8:00 a.m. - 4:30 p.m.

Camp Director: Tami Clark
642-3395
granvillescoutmom@hotmail.com
District Director: Scott Hayden
792-5433
Scott.Hayden@scouting.org

ADIRONDACK

(Franklin, N. Essex & Clinton Counties)
Place: St. Augustine Parish Hall, Route 11.
North, Bangor

Date: July 13th - July 17th, 2009
Time: 8:00 a.m. - 4:00 p.m.

Camp Director: Patricia White
481-7217
Patricia.White@dfa.state.ny.us

District Executive: Kristin Shives
561-0360
Kristin.Shives@scouting.org

DAY CAMP FEES

Before May 15, 2009

\$150 - Regular fee
\$100 - Parent attending
(at least one day)
\$50 - Parent on staff for the entire week*

After May 15, 2009

\$170 - Regular fee
\$120 - Parent attending
(at least one day)
\$70 - Parent on staff for the entire week*

New Scouts joining between May 15th and July 31, 2009 are Eligible for the Early-Bird Rates

* Parents on Staff must be approved by the Camp Director and MUST attend staff training.

Online registration is available through our council website: twinriverscouncilbsa.org Click on camping and select your camp. Sign up and pay for camp 24 hours a day. 7 days a week!!

2009 REGISTRATION - CUB SCOUT DAY CAMP

Campers Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ Phone #: _____
 Date of Birth: _____ Grade and Rank Completed as of 6/30/09: Grade: _____ Rank: _____
 Parent/Guardian Name: _____
 Daytime Phone#: _____ Evening Phone #: _____ Cell Phone #: _____
 Email Address: _____

PACK # _____
PLEASE INDICATE YOUR DISTRICT AND CHOICE OF DAY CAMP

Adirondack
 St. Augustine Parish Hall
 July 13 - 17, 2009

Fort Orange
 Colonie Town Park
 July 13 - 17, 2009

Mahikan
 Rotary Scout Reservation
 July 6 - 10, 2009

Saratoga
 Camp Boyhaven
 July 20 - 24, 2009

Schenectady
 Camp Boyhaven
 July 27 - 31, 2009

Sir William Johnson
 Woodworth Lake
 July 6 - 10, 2009

Wapominee
 Camp Wapominee
 July 6 - 10, 2009
 July 20 - 24, 2009

By registering my son for participation in Cub Day Camp. I understand and acknowledge that interviews, photographs, and/or other visual or audio recordings may be taken and potentially used for promotional purposes by the Council (Names of the children will not be published or released in any form.)

FEE(S) PAID:	Before May 15th	After May 15th
Regular Fee	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$170.00
Parent attending (at least 1 day)	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$120.00
Parent on staff for entire week*	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$70.00

*Must be approved by Camp director

If attending 1 day of camp, circle which day you will attend:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Parent/Guardian Attending: _____
 Contact Phone Number: _____
 Email: _____

PAYMENT METHOD: Cash Check Credit

Please complete the following if paying by credit Card
 MasterCard Visa

Signature: _____
 Number: _____
 Expiration Date: _____

One complimentary T-shirt (per youth & Adult leader attending for the entire week) is included in your fee. Additional T-shirts may be ordered below:

Youth Camper: Youth SM Youth Large Adult Med
Adult Leader Size: Med Large X-Large
 XX-Large XXX-Large

Extra T-Shirts Ordered:
 Youth- \$8.50 each # _____ Size(s) _____
 Adult \$10.00 each (M,L,XL)# _____ Size(s) _____
 Adult \$12.00 each (XXL,XXXL)# _____ Size(s) _____

PLEASE ATTACH HEALTH FORM
 (ADULTS ATTENDING FOR MORE DAYS ARE REQUIRED TO SUBMIT A HEALTH FORM)

Return this form and make checks payable to:
 Your Cub Scout Pack or
 The Twin Rivers Council, BSA
 253 Washington Ave Ext
 Albany, NY 12205

CAMPERSHIPS

It is the intention of the Twin Rivers Council To assist Scouts to participate in Summer Camping Programs conducted by the council.

Unfortunately, this is sometimes not possible due to financial limitations. The campership program is NOT normally intended to extend a camping experience beyond a single week or to provide more than 50% of the regular Fee Cost.

All applicants must submit an application providing the information requested on the form. This request must be submitted no later May 1, 2009. NO EXCEPTIONS. When approved, Campership credit will be submitted to the CAMP.

All Approvals and Denials will be in writing following the appropriate campership review.

- APPROVALS WILL BE BASED ON:**
- 1. Demonstrated Financial Need**
 - 2. Availability of other Funding Sources**
 - 3. Campership Money Available**
 - 4. Applications considered in the order they are received (first come /first served)**

ALL OF OUR PROGRAMS ARE AVAILABLE TO ALL REGISTERED SCOUTS WITHOUT REGARD TO RACE, COLOR, RELIGION, DISABILITY, OR NATIONAL ORIGIN.

FACILITIES: Our camps are beautifully located in natural surroundings. All of our Council camps undergo Health Department safety inspections prior to and during operation. Each of our camps is BSA Nationally Accredited, meaning we pass inspections for safety, cleanliness, program, and facilities. Copies of health inspection reports can be obtained by writing to the respective Health Departments listed below.

STAFF: Each of our camping programs is administered by a National Certified BSA Camp Director and all key staff are trained in their respective areas of responsibility. Our staff members are carefully selected and reflect the principles established throughout the Scouting movement.

Forms: All required forms, including medical forms, can be found on our website at twinriverscouncilbsa.org, then follow Camping – Summer Camps – Camp Forms.

What You Need To Know

REFUND POLICY

Months before camp opens, we do extensive planning, pre-camp purchasing and staff contractual agreements, among other things. Due to these types of commitments, it is not practical to give full refunds. All refunds will be assessed a minimum of \$50 for fixed costs already incurred. Refunds *will be considered* for the following cases only (NO EXCEPTIONS):

Summer School – Documentation from the school must be provided with the request, in writing, and must be submitted before, but no later than July 1, 2009. Scouts should be encouraged to make up in a later week.

Medical – Documentation from the physician must be provided with the request, in writing, and MUST be submitted at least one week prior to the Scout's scheduled arrival at camp.

Death in the Immediate Family – A letter with the request, in writing, from the parent or guardian.

Non-qualifying refund requests include, but are not limited to: sports (of all kinds), vacation, homesickness, failure to show, Scout changes his mind, travel events, etc.

All requests must be made **in writing**, include the required documentation, and must be submitted prior to July 1, 2009. Please advise whether the refund check should be made to the family or the unit.

A camper removed from any Twin Rivers Council camp for disciplinary reasons forfeits all fees.

Parents and Scout units are provided with this policy so they can make a decision on withdrawing from camp and understand the consequences beforehand.



NYS HEALTH DEPARTMENTS

Day Camps...

Adirondack

Franklin County DOH
41 St. Bernard Street
Saranac Lake, NY 12983

Fort Orange

Albany County DOH
175 Green Street
Albany, NY 12202

Mahikan

Rensselaer County DOH
1600 Seventh Avenue
Troy, NY 12180

Sir William Johnson

Department of Health
Herkimer District Office
3665 State Route 5
Herkimer, NY 13350

**Saratoga, Schenectady, And
Wakpominee**

Glens Falls District Office
77 Mohican Street
Glens Falls, NY 12801

Resident Camps...

Rotary Scout Reservation

Rensselaer County DOH
1600 Seventh Avenue
Troy, NY 12180

**Camp Wakpominee
Camp Boyhaven**

Glens Falls District Office
77 Mohican Street
Glens Falls, NY 12801

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All applicants must submit an application providing the information requested on the form. This request must be submitted no later than May 1, 2009. NO EXCEPTIONS. When approved, campership credit will be allocated to the CAMP. All approvals and denials will be in writing following the appropriate campership review.

APPROVALS WILL BE BASED ON:

- Demonstrated financial need;
- Availability of other funding sources
- Campership money available
- Applications considered in the order they are received (first come; first served).

Campership applications are available at the Council Service Center and online at:

WWW.TWINRIVERSCOUNCILBSA.ORG

DIETARY RESTRICTIONS

Please contact the camp director at least two weeks in advance to make special arrangements



CUB SCOUT DAY CAMP HEALTH FORM

TWIN RIVERS COUNCIL

CUB SCOUT DAY CAMP

CUB SCOUTS NAME: _____ DATE OF BIRTH: _____

UNIT #: _____ DISTRICT: _____

IN CASE OF EMERGENCY NOTIFY:

Primary

Contact: _____

Relationship: _____

Phone H: _____ C/W: _____

Secondary

Contact: _____

Relationship: _____

Phone H: _____ C/W: _____

Instructions: _____

Family Physician: _____ Physician Phone: _____

Personal Health Insurance Carrier: _____ Policy #: _____

HAS OR IS SUBJECT TO:

- | | | | | |
|--|---|--|--|----------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High BP |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Sports Restrictions | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Cancer/Leukemia | |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Restrictions or Allergies _____ | | |

Has Difficulty with: Eyes, Ears, Nose, Throat Digestion Lungs Other: _____

Take Medications: No Yes, Name of Medication: _____

If your child is prescribed any medication(s) please have them take that medication as prescribed during camp.
Over the counter Medications taken during camp must be accompanied by a physician's signature and written instructions from the physician.

IMMUNIZATIONS: (Indicate Original Date and also most recent Month/Year for Date of last Inoculation. Can't sat "up to date")

Diphtheria _____	Pertussis _____	Tetanus Toxoid _____	Polio _____
Measles _____	Mumps _____	Rubella _____	

HAVE YOU HAD THESE INOCULATIONS? (Month/Year) Chicken Pox _____ Hepatitis B _____

I gave permission for my child 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 I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment for my child, including hospitalization, anesthesia, surgery, transportation or injections of medication.

DATE: _____
 PARENT/GUARDIAN SIGNATURE: _____

*Please make a copy of this form for your records
 Adults attending 1 or more days must have a completed health form. (Use this form)*

This, and all other health forms can be downloaded from our website: twinriverscouncilbsa.org

HOW DO I SIGN UP FOR CAMP?

ALL FORMS ARE AVAILABLE AT THE COUNCIL SERVICE CENTER, YOUR NEAREST SCOUT SHOP, OR ON OUR WEBSITE 24 HOURS A DAY, 7 DAYS A WEEK, BY USING OUR NEW "DOUBLE KNOT" PAYMENT OPTION. VISIT US AT TWINRIVERSCOUNCILBSA.ORG. CLICK ON CAMP, SELECT YOUR CAMP, AND FOLLOW THE INSTRUCTIONS.

CUB SCOUT DAY CAMP

Return the following to your Pack Summer Camp Coordinator:

1. Day Camp Registration Form
2. Completed Health Form
3. Payment of Fees (checks made payable to your Pack)

Fees include all crafts and supplies, a T-shirt, a camp patch, water beverage, and trained adult leadership. All campers **MUST** bring a non-perishable lunch to camp with them each day.

CUB & WEBELOS RESIDENT CAMP

Return the following to your Pack Summer Camp Coordinator:

1. Resident Camp Registration Form
2. Payment of Fees (checks made payable to your Pack)

The Resident Camp Coordinator will then forward all registrations, health forms, and payments to the Council Service Center. If your Pack does not have a Day Camp Coordinator, simply forward Items 1, 2, and 3 to the Twin Rivers Council, 253 Washington Ave., Ext, Albany, NY 12205.

CUB & WEBELOS FAMILY CAMPING

Visit either the council or Camp Boyhaven website to download the registration form, and mail the form, along with your payment, to the Twin Rivers Council. Please bring your medical form to camp with you.

WEBELOS PROVISIONAL CAMPING

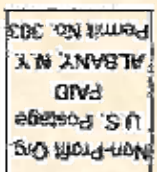
Visit either the council or Camp Boyhaven website to download the registration form, and mail the form, along with you payment, to the Twin Rivers Council. Please bring your medical form to camp with you.

BOY SCOUT SUMMER CAMP

Registration for Troop Camping at Camp Wakpominee or Rotary Scout Reservation is done through your local Scoutmaster.

BOY SCOUT PROVISIONAL CAMPING

Complete the Registration Form on and return it, along with your payment, to the Twin Rivers Council Service Center.



Twin Rivers Council
 Boy Scouts of America
 253 Washington Ave Ext.
 Albany, NY 12205-5553