



GRIZZLY BASE CAMP

CUB SCOUT DAY CAMP & WEBELOS DAY CAMP

“PASSPORT TO ADVENTURE”

June 16 – 17.....Cub Day Camp

June 19 – 20.....Webelos Day Camp



Dear Parents and Cub Scouts,

It's time for Day Camp! Please read the registration and health form and fill them out completely. If you have any questions please call your Camp Director.

PLACE: Grizzly Base Camp – 200 Grizzly Base Lane, Kalispell, MT 59901. Located between Bigfork and Creston off Hwy 35, between mile marker #37 and #38. Turn left (east) onto LaBrant Road, go about 1.7 miles, then turn right and continue ¼ mile to the parking area.

No cars will be allowed to go to the lodge area at any time!

FEE: Camp fee is \$30.00 on or before the May 7th Roundtable. The Scouts receive a T-Shirt, patch and lots of fun. **WE CANNOT OFFER REFUNDS**, however you can find another Scout to take your child's spot.

LATE FEE: If you fail to register your Scout before the May 7th Roundtable there will be a late fee of \$10.00 for each Scout until June 1st. **Absolutely no registrations will be accepted after June 1st**, with the exception of brand new Scouts. The late fee will also be waived in this instance.

TIME: Check-in begins at 8:00 am. Opening Ceremonies begin at 8:30 am, and the day will end at 4:30 pm.

REGISTRATION: The health forms and payment must accompany the registration forms and be turned in by the May 7th Roundtable. We asked that each unit submit a **single check** for their Scouts. Please make checks payable to Montana Council. **Send your checks and forms to the Camp Director**, NOT to the Council.

MEDICAL INFO: Parents must fill out the health and medical history form. Any medication that a Scout takes must be turned into the Medic. They will be dispensed at the proper time. Those allergic to bee stings, or with asthma, may carry their medications at all times. Please note all medications on the health form.

TRANSPORTATION: Must be provided by the parents, or by carpool, within the Pack. All passengers must use a seatbelt!!! No Scout should arrive at camp before 8:00 am. Cubs must be picked up by 5:00 pm at the latest. Please specify whom your Scout will be riding home with.

****PACKS MUST FILL OUT A LOCAL TOUR PERMIT AND FILE IT WITH MONTANA COUNCIL IN ADVANCE. DO NOT SEND TOUR PERMITS TO THE CAMP DIRECTOR...BE PREPARED TO SHOW PERMITS ON DAY ONE.**

VOLUNTEERS: Day Camp is run by volunteers....we can use your help!

ONE ADULT IS REQUIRED FOR EVERY 5 SCOUTS, AND A MINIMUM OF TWO ADULTS WILL BE REQUIRED FOR EACH PACK.

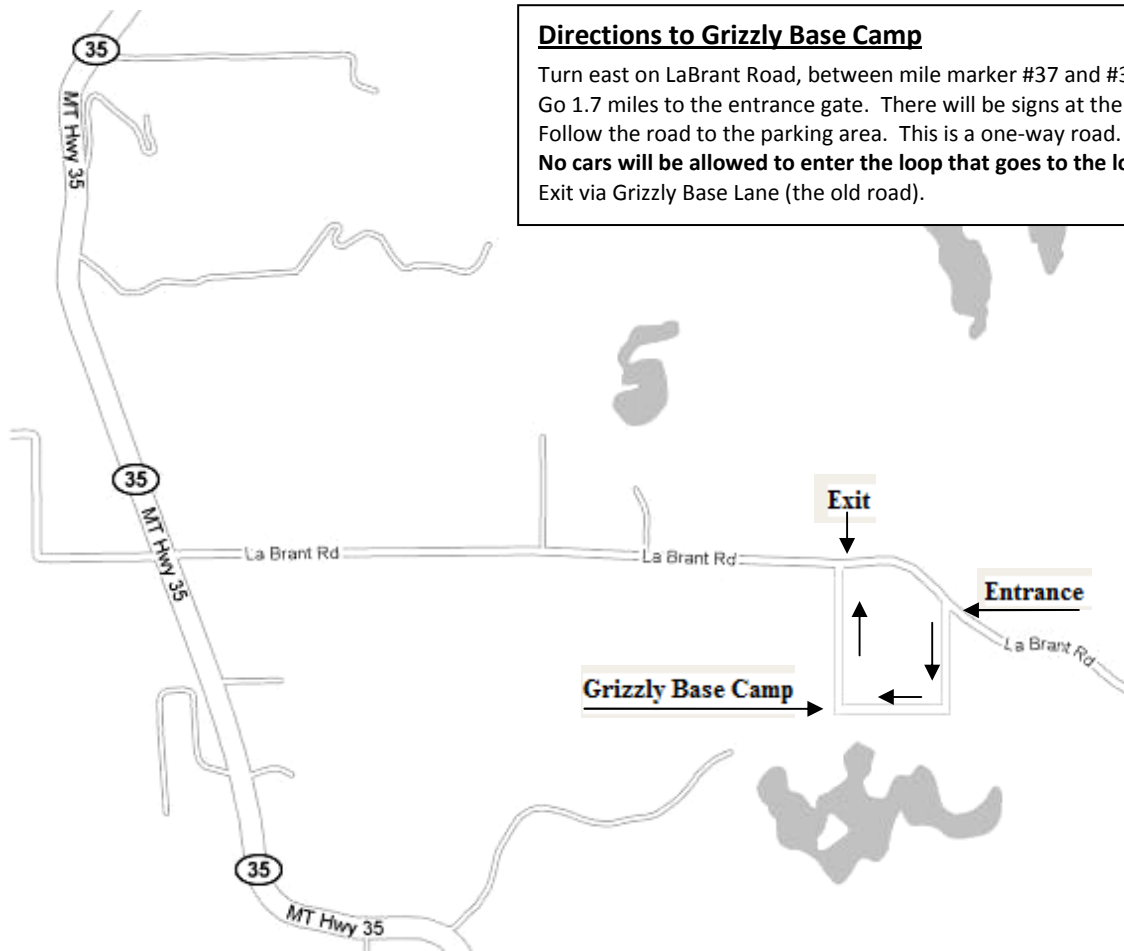
KNIVES WILL NOT BE ALLOWED AT CAMP (EVEN WITH A WHITTLING CHIP)

FLAGS: Every Unit is asked to bring their Pack Colors to participate in special flag ceremonies. Please make sure that your Unit flag arrives at both Cub and Webelos Camp and that someone is prepared to take it home.

ITEMS NEEDED FOR CAMP:

1. Sack lunch with name on it for all days.
2. Canteen or water bottle to be carried at all times.
3. Shoes that can be worn in the water. **No open-toed shoes will be allowed at camp! This BSA policy....**
4. Jacket or sweater (mornings are cool).
5. RAINGEAR (a large garbage bag works great)
6. Hat and sunscreen.
7. Daypack or book bag for carrying personal gear. **PLEASE PUT NAMES ON ALL BELONGINGS.** All lost items will be returned at the September Roundtable.

All adults spending time at camp must fill out an adult registration form and medical history. Those adults over 40 years of age must also have a Class 3 medical form (available at www.montanabsa.com) on file with the Medic. Only the Medic will have access to medical information.



Directions to Grizzly Base Camp
Turn east on LaBrant Road, between mile marker #37 and #38 on Hwy 35. Go 1.7 miles to the entrance gate. There will be signs at the entrance. Follow the road to the parking area. This is a one-way road. **No cars will be allowed to enter the loop that goes to the lodge.** Exit via Grizzly Base Lane (the old road).

For more info call:

Camp Administrator, Dennis Johnson (406) 885-2292

Camp Director, Michelle Albin (406) 314-0518

Program Director, Ginger Wicks (406) 250-7421

YOUTH REGISTRATION FORM
NORTHWEST DISTRICT CUB SCOUT / WEBELOS DAY CAMP
GRIZZLY BASE, MONTANA

Please check the appropriate box:

- Cub Day Camp: June 16 – 17
 Webelos Day Camp: June 19 – 20

Pack # _____

Cub Scout Rank in September (circle one)

Tiger Wolf Bear Webelos

Scout's Name: _____

Mother's / Guardian's Name: _____

Home Phone: _____ Cell: _____ Work: _____

Address: _____

Father's / Guardian's Name: _____

Home Phone: _____ Cell: _____ Work: _____

Address: _____

Please only one shirt per form. Adults must order using the adult form.

Scout Shirt Size (circle one) or Adult Shirt Size (circle one)

YM 10 – 12 YL 14 S M L

**** One shirt is included in the Registration. For additional shirts please use a second form ****

Name of person picking up the Scout: _____

The Scout must provide written authorization to the Camp Director in the event there are any changes

Parent / Guardian Signature: _____

The cost of Day Camp is \$30.00. After May 7th the cost is \$40.00

No Registrations accepted after June 1st

Please make checks payable to: Montana Council, BSA

Please send all forms and payment to:

Michelle Albin, Camp Director
1550 Monte Vista Dr.
Columbia Falls, MT 59912
(406) 314-0518

Other Contacts:
Dennis Johnson, Camp Administrator – (406) 885-2292

Ginger Wicks, Program Director – (406) 250-7421

Do not send registrations to Council!
Please fill out the medical form on the back in detail.

I hereby assign and grant the Boy Scouts of America the right and permission to use, reproduce, and publish the photographs, films, video tapes, electronic representations or sound recordings made during my child's visit to the Cub Scout Day Camp at Grizzly Base, and I hereby release the Boy Scouts of America from any and all liability from such use and publication. I waive the right to any compensation I may have for any of the aforementioned items. _____ (initial here)

BSA CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(Completed annually by all participants)

To be filled out by parent, guardian, or adult participant. Please print in blue ink.

IDENTIFICATION

Name _____ Date of birth _____ Age ____ Sex ____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State ____ Zip _____

Business address _____ City _____ State ____ Zip _____

If person above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Health/accident insurance carrier _____ Policy # _____

Check items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants: Yes () No () Explain: _____

GENERAL INFORMATION: Yes No Yes No Yes No

Asthma () () Diabetes () () High blood pressure () ()

Cancer/leukemia () () Heart trouble () () Kidney disease () ()

Convulsions/seizures () () Hemophilia () ()

Explain: _____

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in camp activities: _____

List equipment needed such as wheelchair, contacts, etc.: _____

IMMUNIZATIONS: (give date of LAST inoculation or booster)

Tetanus Toxoid _____ Measles _____ Polio _____

Diphtheria _____ Mumps _____ Rubella _____

Pertussis _____ Hepatitis B _____

In case of Emergency, I understand every effort will be made to contact me (or my spouse, or next of kin, if the participant is an adult). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if the participant is an adult).

Date _____ Signature of parent/guardian or adult _____