



SAVE THE DATE FOR:
THE WIZARDING WORLD OF SCOUTING
SUMMER DAY CAMP
SATURDAY, AUGUST 4TH!
IT'S A FULL DAY OF WIZARDING FUN!

Young Wizards,

We are pleased to inform you that you have a place at Coharie District's Wizarding World of Scouting! Term begins Saturday, August 4th. Look in the Friday Five and on the Council Website for upcoming information on Starting Times and Location for this full day Day Camp.

Cost - \$20/camper (scout or sibling). The camp fee includes lunch at the Three Broomsticks Inn, t-shirt, program supplies and patch for each camper. For non-campers that would like to eat lunch with us, there is a \$5 fee.

Who Can Attend - This camp is for all registered Cub Scouts & their siblings. One adult volunteer per every one to five boys from each participating den or pack is required. All Lions & Tiger Cubs must have an adult partner with them at all times. Register today! Please complete one registration form per camper.

Wizarding Fun - Once wizards have been assigned to their house, they will visit Diagon Alley. At Madam Malkin's Robes for All Occasions, they will craft house scarfs. At Honey Dukes, they will craft Origami Jumping Frogs. At Ollivander's Wand Shop, wizards will craft their scout wand. Class schedules are currently being established for First through Fifth year wizards.

Volunteers - Boy Scouts, age 14 or older and First Class rank or higher, may volunteer as den chiefs for Cub Scout Day Camp. Please contact Susan Lewis or Tammy Galla prior to camp.

For more information about Cub Scout Day Camp, please contact:

- Sarah Fernandez at (919) 734-1714 or sarah.fernandez@scouting.org;
- OR Susan Lewis at (919) 221-8502 or susandlewis16@gmail.com
- OR Tammy Galla at (919) 273-8377 or tammygalla@yahoo.com

Sincerely,
Susan Lewis, Deputy Headmistress
Tammy Galla-Rivera, Deputy Headmistress
Sarah Fernandez, Headmistress

2018 Coharie Cub Scout Day Camp Registration Form (Please Print)

Cub Scout or Sibling Name _____ Pack # _____

Address _____ City _____ Zip _____

Grade in Fall 2018 (\$20/camper):

Kindergarten First Second Third Fourth Fifth

T-shirt Size: (circle one/scout or sibling, Shirts for Adults are \$12)

Youth: S M L Adult: S M L XL XXL XXXL

Lunch (Non-Campers) - \$5/non-camper

Emergency Contact:

Parent _____ Phone _____ Cell Phone _____

E-mail _____

Physician _____ Phone _____

Check all items that apply, past or present, to your health history:

Allergies: Food, medicines, insects, plants: Explain _____

Check all that apply:

- | | | |
|---------------------------------|---|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Convulsions/seizures | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Kidney Disease |

Explain: _____

List any medications to be taken at camp: _____
(Must be in original medicine container. Only send needed quantities. Must be left with Camp Health Officer).

List any physical conditions, surgery, or behavioral conditions that may affect or limit full participation: _____

In consideration of the benefits to be derived from participation in the activities of the Boy Scouts of America at Camp Tuscarora, any and all claims against the Boy Scouts of America, the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the participant named above or to his or her property, in connection with or incidental to the activities at Camp Tuscarora, including preliminary training and travel, are hereby expressly waived by the participant and the participant's family or guardians.

This Health History is current so far as I know, and the person herein described has my permission to engage in all activities, except, as noted by the physician and I. In the event, I cannot be reached in an emergency, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to sure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

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.

Date _____ Signature of parent/guardian _____

Camper Release Authorizations:

Authorization is granted for the release of the aforementioned individual to adult employees, staff, volunteers, and camp staff of the Tuscarora Council, Boy Scouts of America. In addition, to those mentioned above, parents or guardians signing this form, only those individuals listed below are authorized to remove the aforementioned individual from camp. **Please notify leaders if potential custody problems exist.**

1. _____ 2. _____ 3. _____