



THE WIZARDING WORLD OF SCOUTING

NEUSIOK DISTRICT SUMMER DAY CAMP!

JULY 26TH, 27TH, 28TH FROM 7:30-12:30

SATURDAY FROM 7:30-4:00

AT SAM GODWIN'S RECREATION PARK IN PINE LEVEL, NC
(20 E. CRESCENT ST., PINE LEVEL, NC 27568)



Young Wizards,

We are pleased to inform you that you have a place at NeusioK District's Wizarding World of Scouting for only \$40/scout or sibling. Term begins Thursday, July 26th at 7:30 a.m. Please check-in at King's Cross Station, located at Sam Godwin Park in Pine Level, starting at 7:15 a.m. Please remember to wear tennis shoes, since we will be hiking every day. Also, each Wizard should bring sunscreen & a water bottle.

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 Ollivander's Wand Shop, wizards will craft their scout wand.

All wizards will have a Defense Against the Dark Arts class on Thursday & Friday. During this class wizards will play Quidditch and Wizard Checkers. All wizards will also have Potions Class, where slime and fizz are abundant.

Classes for First through Fifth year wizards are as follows. Please note that Full Day Campers will attend all classes listed below. Half Day Campers will attend half of the classes listed below:

- **First Year Wizards (Lions & Tigers)** - Games Tigers Play & Curiosity, Intrigue & Magical Mysteries
- **Second Year Wizards** - Howling At The Moon & Finding Your Way with the Marauders' Map
- **Third Year Wizards** - Baloo The Builder (Wand Plaques)
- **Fourth & Fifth Year Wizards** - Build It (Wand Plaques)

Family Day - On Saturday, July 28st, we invite your family to accompany you to Wizarding School. Hogwarts Boat Races, Centaur Archery Class, Metal Wand (BB) Class, and Spell Slinger Class are just a hint of the many fun activities that await the adventurous wizard and his family! Wizards and their families are also invited to lunch on Saturday at The Three Broomsticks Inn. We may even have Polyjuice Potion or Butterbeer to accompany your meal!

Who Can Attend - This camp is for all registered Cub Scouts. One adult volunteer per every one to five boys from each participating den or pack is required. All Tiger Cubs must have an adult partner with them at all times. First Class Boy Scouts may volunteer as den chiefs for Cub Scout Day Camp. Register today!

Cost - 1) \$40/scout - the camp fee includes lunch, t-shirt, supplies and patch for each Cub Scout; 2) **Adults can order a Cub Scout Day Camp t-shirt for \$12.00.** Indicate name and size on the registration form; 3) **Family Day** - You can register your entire family for Family Day on Saturday for only \$10! This includes lunch and program supplies!

Registering - Please send the form on page 2 to the Tuscarora Council Service Center to register. Please complete one form per camper. We await your Owl no later than Thursday, July 5th. A \$10.00 late fee will be incurred for any registrations after this deadline & your scout will not be guaranteed a T-Shirt. If you have any questions, please contact Tammy Galla-Rivera (tammygalla@yahoo.com or 919-273-8377) or Stefan Spruill (stefan.spruill@scouting.org or 252-266-5285).

Yours Sincerely,
Tammy Galla-Rivera, Deputy Headmistress

2018 Neusiok Cub Scout Day Camp Registration Form

Please Print

Cub Scout or Sibling Name _____ Pack # _____

Address _____ City _____ Zip _____

Grade in Fall 2018 (\$40/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

FAMILY DAY

Adults _____; # Siblings or Children _____; **\$10/Family (First adult free)**

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. _____