



## Webelos Weekend

A great opportunity for Webelos Scouts and their adult partner to experience the fun and adventure of

### Camp Geronimo and Camp Raymond



May 29 - 30, 2009

June 5 - 6, 2009



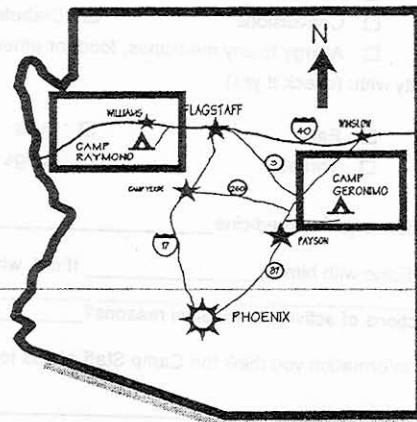
- ✂ a two-day one-night program
- ✂ Enjoy archery, BB Guns, crafts, nature, scoutcraft events, Work on activity badges
- ✂ Free time activities: Fishing, Craft Lodge, BB Gun Range, Trail Hikes and more.

### What to bring

- Health Information/History form
- First day lunch
- Uniform
- Jacket
- Rain gear
- Flashlight
- Camera
- Tent - Raymond only (provided at Geronimo)
- Sleeping bag
- Air mattress
- Change of clothes
- First Aid kit
- Towel, toothbrush, toothpaste, soap, etc.
- Money for Trading Post

*Be prepared to carry your backpack to the campsite*

### How to get there



# Webelos Weekend Registration Form

*Sign us up for Webelos Weekend!*

Geronimo, May 29 - 30, 2009

Raymond, June 5 - 6, 2009

Fee: \$65.00 per person\*

\*Includes \$4.00 Environmental/Maintenance Assessment Fee  
Acct # 1-6701-445-21

Webelos Name \_\_\_\_\_ Age \_\_\_\_\_

Adult Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_

Pack # \_\_\_\_\_ District \_\_\_\_\_

**Photo (Talent) Release Statement:** I hereby assign, grant and authorize to the Boy Scouts of America the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made during my visit to Grand Canyon Council's event(s), and I specifically waive any right to any compensation I may have for any of the foregoing, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

**Permission Note:** I give permission for my son to attend this event.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

### Notes:

1. Mail registration form and payment no later than **May 8, 2009**. Make checks payable to B.S.A.
2. **CONFIRMATION & SCHEDULE WILL BE SENT** upon receipt of paid registration.
3. Campership applications are available upon request.

## Health Information

(To be completed and brought to camp at check-in)

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_

If we cannot be reached, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_

Has or subject to: (check if yes). Describe any items checked.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Asthma                                   | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Swimming Restrictions |
| <input type="checkbox"/> Convulsions                              | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Heart Trouble         |
| <input type="checkbox"/> Allergy to any medicines, food, or other |  |  |

Has difficulty with: (check if yes)

- |                                 |                                |                                    |
|---------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> Ears   | <input type="checkbox"/> Eyes  | <input type="checkbox"/> Nose      |
| <input type="checkbox"/> Throat | <input type="checkbox"/> Lungs | <input type="checkbox"/> Digestion |

Any condition requiring medicine \_\_\_\_\_

Is this medicine with him? \_\_\_\_\_ If not, who has it? \_\_\_\_\_

Any restrictions of activity for medical reasons? \_\_\_\_\_

Any other information you think the Camp Staff needs to know about your child? \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Medical Insurance information (Company, Policy Number, etc.) \_\_\_\_\_

I, \_\_\_\_\_ hereby grant permission for emergency treatment of my child, in my absence.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

My child will be going home with \_\_\_\_\_