



# 2008 TIGER CUB DAY AT CUB WORLD

CAMP TOM WOOTEN on the LCRA Lost Pines Scout Reservation,  
Bastrop, Texas

**Saturday, November 1, 2008**

**8:00am till 1:00pm**

**Cost: \$20.00 (limit first 120 pairs)**

**Come experience CUB WORLD for a day!**

---

Come join in on a fun filled morning of Scouting activities. Hot dog lunch and all program supplies included. No need to bring any gear this is an all day activity only. Just for Tiger Cubs and their partners to spend the morning together, fishing, exploring a mine shaft looking for special Gems, visiting Fort Houston , or visiting the Native American Village with 22ft Tee Pee's and see if you can hit the target with a Bow and Arrow.



## EXCITING DETAILS!

- Due to limited space Tiger Cub Day at Cub World is limited to the first 120 pairs of Tiger Cub and partner.
- **Each Scout must have an adult partner attend.**
- No siblings are allowed to attend, registered Tiger Cub Scouts and partner only.
- **Personal Health & Medical Records Class 1 form required for all youth and adults attending.**
- Cost is \$20 per Tiger Cub and partner. Lunch, patch, and program supplies included.
- Programs are for Saturday only.
- No alcohol or illegal drugs allowed.
- No smoking allowed on camp property.
- Restrooms and showers are available.

For more info visit [www.bsacac.org](http://www.bsacac.org) or  
call the council service center at  
512-926-6363, ext. 616

# 2008 TIGER CUB DAY AT CUB WORLD REGISTRATION FORM

## Saturday, November 1, 2008

Mail to BSA/Tiger Cub Day, 7540 Ed Bluestein Blvd., Austin, TX 78723-2399 or Fax to 512-926-6870

Questions? Call the Council Service Center at 512-926-6363, ext. 616

### Tiger Cub REGISTRATION INFO

Name: \_\_\_\_\_

Pack Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

\* Note – Must turn in completed Personal Health and Medical Record Form (Class 1) when checking in at Cub World. Do not mail or attach Personal Health and Medical Record Form with registration form.

### Tiger Cub Partner

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

\* Note – Must turn in completed Personal Health and Medical Record Form (Class 1) when checking in at Cub World. Do not mail or attach Personal Health and Medical Record Form with registration form.

**Total fees enclosed**                      \$ \_\_\_\_\_

Make Checks payable to BSA.  
Credit Card Payment Information

Card Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Acct # \_\_\_\_\_

### Items to turn in at check In

Personal Health & Medical Record Form Class 1  
for all youth and adults attending.



### Refund Policy

- 1. Written refund requests are only considered if received in Council Service Center 10 days prior to start of the event.**
- 2. Written refund requests submitted after the event will be considered only for personal illness or family emergencies. No refund request will be accepted after 10 days following the end of the event.**
- 3. A service charge of 25% will be assessed on all refunds.**
- 4. Refund checks will be issued within 30 days following the end of the event to the individual or entity paying the original fee.**

## TIGER CUB DAY AT CUB WORLD GENERAL INFORMATION

### DIRECTIONS

To reach Cub World from Austin, head east on Highway 290. In Elgin, turn south on Highway 95 and go 12.8 miles to the junction with FM 1441. Turn left onto 1441. Go 3.4 miles down 1441. The LCRA Lost Pines Scout Reservation entrance is on the right.

Or, head east on Highway 71 to Bastrop, turn north on Highway 95 in Bastrop and go 3.8 miles to the junction with 1441. Turn right onto 1441. Go 3.4 miles down 1441. The LCRA Lost Pines Scout Reservation entrance is on the right.

Just after you enter, take a left. Follow the road for 2.5 miles to the Cub World parking area.

### ITEMS TO BRING

- **Personal Health and Medical Record form (Class 1).**
- Towel
- Sun screen
- Insect repellent
- Cap/hat
- Canteen/water bottle
- Closed toe shoes (tennis, hiking boots)
- Folding Chair(s)
- Rain Gear (just in case of wet weather)
- Money (Optional, for the Trading Post)
- Fishing rod and gear
- Bandana or neckerchief

### Trading Post

A trading post stocked with Scouting stuff, drinks and snacks will be open during the Tiger Cub Day at Cub World. Participants will have an opportunity to purchase t-shirts, Cub Scouting items, and crafts at our fully stocked trading post.



### Other Items of Interest

- Participants are encouraged to carpool to camp due to the limited number of parking spaces available at Cub World.
- Tiger Cub Day at World will take place rain or shine.
- No walk in registration will be accepted at Tiger Cub Day. Please register early to assist with proper planning of program materials and staffing. Tiger Cub Day is limited to the first 120 pairs, Tiger Cub and Partner due to the limited participant space at the themed program facilities.
- No pets allowed at Cub World.
- No alcohol or drugs allowed.
- Cub World is a smoke free facility.
- Restrooms and Showers are available.
- Fishing opportunities are available; bring your fishing rod and gear.
- Drinking water available at all program areas.

**PERSONAL HEALTH AND  
MEDICAL RECORD  
CLASS 1**



**For: Cub Day Camp  
Cub Resident Camp  
Cub World**

Name \_\_\_\_\_

**CLASS 1** (to be updated annually by all participants). Activity: Day camp, resident camp, Cub World programs, overnight hike, or other programs not exceeding 72 hours, with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants (youths and adults) and is on file for easy reference. Please print in ink.

**IDENTIFICATION**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

Name of personal physician \_\_\_\_\_ Phone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

I give permission for full participation in BSA program, subject to limitations noted herein. **In case of emergency**, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give permission to the licensed health-care practitioner 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 participant is an adult).

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

**Some hospitals require the parent/guardian signature be notarized.**

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

Check all items that apply, **past or present**, to health history of person named above. Explain any "yes" answers.

**ALLERGIES:** Food, medicines, insects, plants  Yes  No Explain \_\_\_\_\_

**GENERAL INFORMATION:**

ADHD (Attention-Deficit	Yes	No		Yes	No		Yes	No
Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: \_\_\_\_\_

List all medications taken in the 30 days prior to arrival at the Scouting activity where this form is to be used:

\_\_\_\_\_

List any medications to be taken at camp: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: \_\_\_\_\_

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: \_\_\_\_\_

**Immunizations:** (Give date of last inoculation)

Tetanus toxoid \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_

Diphtheria \_\_\_\_\_ Mumps \_\_\_\_\_ Pertussis \_\_\_\_\_

Rubella \_\_\_\_\_