

North Trail District Twilight Camp

June 11-15, 2007(Bears/Wolves/Webelos) June 13-15, 2007(Tigers) 4:00 - 8:30 p.m.

- TO:** Boy Scouts and Venturers and their Parents
- WHAT:** North Trail District Twilight Camp is an annual weeklong Cub Scout Camp held during the evening in the summer. It is five full evenings of activities such as Archery & BB guns.
- WHO:** We would invite boys and girls who are at least **14** to assist us as Junior Staff. This is a great opportunity to earn service hours. They must be registered members of the Boy Scouts or Venturing programs. Boy Scouts must have achieved First Class and Venturers are preferred to have completed VLSC training.
- DATE/Time:** June 11-15, 2007 Junior Staff need to arrive no later than **3:30** each day. Camp is from 4PM – 8:30 but you may be asked to stay until 9 to help clean up.
- WHERE:** Breckinridge Park, 3300 Brand Rd., Richardson See directions below.
- WEAR:** Camp T-shirt, shorts or pants, tennis shoes or hiking boots (NO open toed shoes of any kind), socks, bug spray, sunscreen.
- FEES:** There is no fee for Junior Staff. You may purchase additional t-shirts for \$10 each. Only **completed** registrations will be accepted. All others will be returned for completion. Fee includes one t-shirt. Please make checks payable to BSA, Circle Ten.
- REGISTER:** Submit the required registration forms to the home of Theresa Dolan (Address is listed below). This packet includes all forms needed to register. Register only one person per form. Registration forms are available on the web at <http://www.northtrail.org>
- MEDICATION AT CAMP:** If a staff member is bringing medication to camp, it should be in the original container and have the volunteer's name and specific dosage instructions. Please turn them in to the Camp medical officer. Asthma inhalers and Epi-pens may remain with the volunteer.
- VOLUNTEERS:** All volunteers (Staff, Adult Volunteers, JR Staff) must wear current camp t-shirt while at camp, attend a camp training session, and be trained in Youth Protection policies. For security reasons, persons not wearing a camp t-shirt will be escorted to headquarters to register their attendance.
- MEDICAL RELEASE FORMS:** Texas State Day Camp and BSA regulations require that every person (adults & children) attending camp must complete a registration form and a Medical Release Form with actual immunization dates (month and year) and have it on file with the camp medical officer. Any registrations turned in without immunization dates on medical form will be returned as an incomplete registration.
- PARKING:** All cars must park in the parking lot at entrance B and take the shuttle bus to entrance C. Only vehicles with handicapped plates or tags will be allowed to park at entrance C.
- TRANSPORTATION:** Parking is very limited, so car-pooling is strongly suggested. Parents who are not picking-up their own boys will need to identify who will be responsible for picking-up their son each night.
- Sign-in/Sign-out Procedure:** Junior Staff must sign in and out each day at the P.O.D. (in parking lot at entrance C).

Camp Director-Barbara Richer 214-478-3972 **Program Director**-Terri Groom 214-564-6349

Registrar-Theresa Dolan 469-471-2446 **District Executive**- Jeff Molepske 214-902-6756

www.northtrail.org

Theresa Dolan Attn: Twilight Camp 1322 Apache Richardson, TX 75080

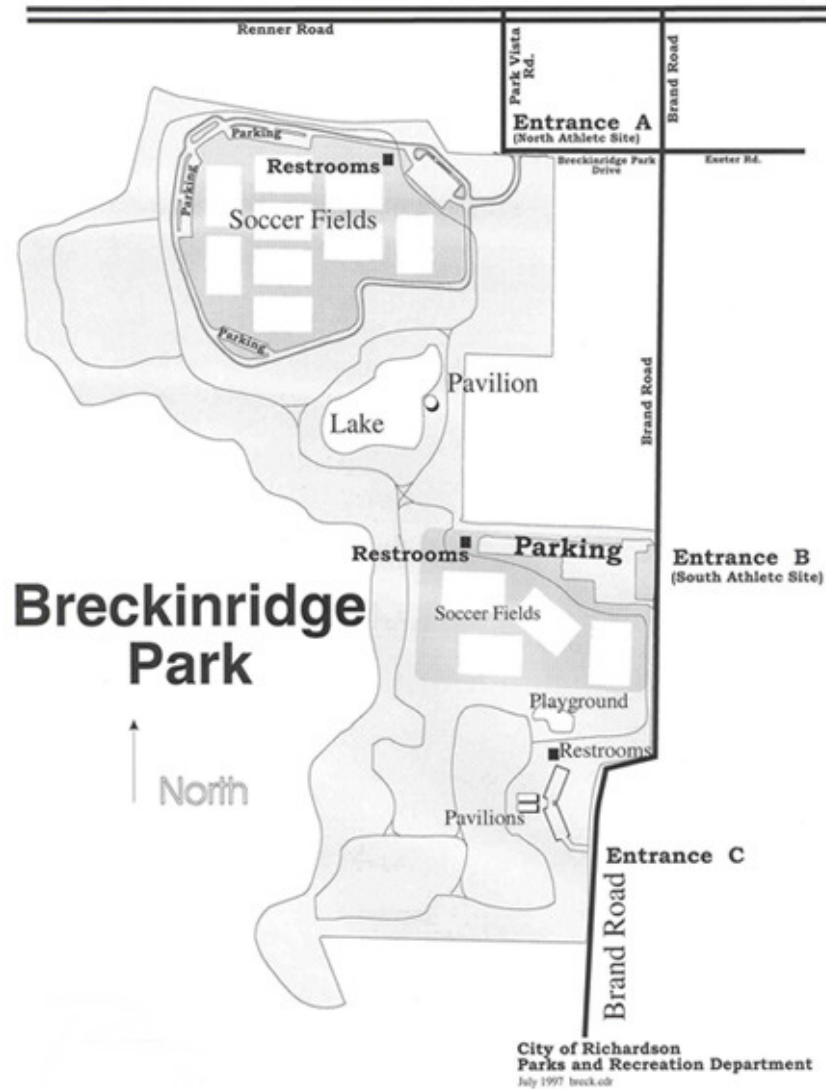
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Directions from 75 / Renner

Take Renner east to Brand Rd

Turn right on Brand Rd and then turn right into entrance B to park or C to drop someone off.



DO YOU HAVE ANY QUESTIONS ?

For registration questions, contact the Registrar below. Otherwise, contact the Camp Director.

TWILIGHT CAMP JUNIOR STAFF TRAINING

You must attend one of these courses in order to be a Junior Staff volunteer.

The training class dates are:

Saturday, June 2 from 3pm to 5pm First United Methodist Church of Richardson (503 North Central Expressway – on the west side of Central Expressway between Beltline and Arapaho Road. Family Life Center Building – Room 2A)

Monday, June 4 from 5pm to 7pm – Breckenridge Park, meet at the pavilions at Entrance C

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JUNIOR STAFF VOLUNTEER
Must be at least 14yrs old and First Class (Boy Scout) or VLSC trained (Venturer)

Troop/Crew# _____ Scout Rank _____ (as of June 11, 2007)

Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Date of Birth: _____ Parent's Email: _____

Parent or Guardian Name _____ Phone: _____

Emergency contact name _____ Phone: _____
Someone other than parent.

Who will pick Volunteer up? _____ Phone: _____

Parent Signature: _____ **Date:** _____

Scoutmaster/Venturing Advisor Approval – I recommend this scout for a Jr. Staff position at this year's Twilight Camp
Scoutmaster/Advisor name & signature _____

T-shirt Size(indicate # of each size): Youth Small ___ Youth Medium ___ Adult Small ___ Adult Medium ___ Adult Large ___ Adult X-Large ___ Adult XX-Large ___ Adult XXX-Large ___ Other _____

I will be available to assist at Twilight Camp: All Week ___ Mon ___ Tue ___ Wed ___ Thu ___ Fri ___

I will attend camp training on: Saturday June 2 (3-5PM) ___ OR Monday June 4(5-7PM) ___

All Jr Staff must have taken the online Youth Protection Training available at <http://scoutnet.scouting.org/elearning>. Click on the General tab and take **Youth Protection Training**. Afterwards you should choose View Certificate and then print your certificate of completion of Youth Protection Training. Texas State Camp regulations require that every volunteer be a registered member of the Boy Scouts of America and attend training. This means that you must complete a Boy Scout or Venturer application if you are not already registered. We must have this returned by May 29th at the latest. You may get this application by contacting Jeff Molepske (see below).

Your signature on this form indicates your acceptance of the following terms:

- You are currently a registered member of the Boy Scouts of America.
- You will accept any assignment by the Camp Directors
- You will attend one of the camp training sessions.
- Your service may be terminated at any time for unsatisfactory performance or violation of the staff guidelines
- You will be in proper uniform at all times. All persons on site must wear camp t-shirt.

Jr. Staff Signature: _____ Date: _____

Registration Checklist.

- Registration and Letter of Agreement (This Form)
- ____ Volunteer Information Sheet (required for all Jr. Staff)
- ____ Boy Scout or Venturer Application (required if you are not already registered with the BSA)
- ____ Medical form **with immunization dates** (must have month and year)
- ____ Printout of Youth Protection certificate
- ____ Fees (\$0.00 /\$10 for each additional shirt). Please make checks out to **BSA Circle 10**

Please submit all required forms to Theresa Dolan (see address below). For further information, see <http://www.northtrail.org>, contact Theresa Dolan at 469-471-2446 or JTDolan4@aol.com.

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Junior Staff Class 1 Medical Form
(EVERYONE attending Twilight Camp must have a form.)

(Please print or type.)

Name _____ Phone(_____)_____ Today's Date ____/____/____

Address _____ City/State/Zip _____

DOB ____/____/____ Age _____ Troop/Crew# _____ School _____

Father's Name _____ Home Phone (_____) _____

Place of Business _____ Work Phone (_____) _____ Pager/Cell phone(_____) _____

Mother's Name _____ Home Phone (_____) _____

Place of Business _____ Work Phone (_____) _____ Pager/Cell phone(_____) _____

Family Physician _____ Phone (_____) _____

Preferred Hospital _____ City _____ Phone(_____) _____

Personal Health/Insurance Carrier _____ Policy # _____

Allergies: Hay Fever _____ Food _____ Insect Bites _____ Drugs _____ Other _____

Any medical conditions? (Please list or explain) _____

Is person subject to: Fainting____ Headaches____ Nosebleeds____ Asthma____ Seizures____ Other _____

Special Medications: _____ Will bring to camp? _____

The person listed above has my permission to be given Tylenol (Acetaminophen) (circle one) YES NO

Immunizations: List month and year OR attach a readable copy of shot records (Required by State Health Department – "current" is not acceptable)

Diphtheria _____ Tetanus _____ Pertussis _____ Polio _____ Measles ____ Mumps ____ Rubella _____

Please list 2 people (who will be at the phone number listed) to notify in an emergency if the parent/guardian cannot be reached:

Name _____ Relationship _____ Phone (_____) _____

Name _____ Relationship _____ Phone (_____) _____

I authorize the unit leader, or adult in charge, to consent to medical treatment of above listed person when I cannot be contacted. I understand that every effort will be made to contact me before such action is taken. I assume financial responsibility for emergency care if such care is needed.

Signature of parent/guardian or self (if over 18) (_____) _____ **Phone** ____/____/____ **Today's Date**