

Camp Sam Wood 2023 Resident Camp Registration Packet

- Fee Structure and Schedule
- Registration Check List
- Cub Scout Registration Form
- Adult/Den Chief Registration Form
- Youth Camp Roster
- Adult Camp Roster
- Pre-Order Adult Shirt & Hat Order Form

2023 Camp Sam Wood Resident Camp Fee Structure and Schedule

Weekend Sessions

Session 1: Friday, July 28 - Monday, July 31

Session 3: Friday, August 4 - Monday, August 7

Youth Fee

Early Bird Fee: \$50 deposit due by March 31st & paid in full by June 2nd:

\$230

On Time Fee: (if failed to pay \$50 deposit) paid in full by June 2nd: \$240

Full Fee: Any youth signed up after June 2nd: \$250

Adult Fee

Adults \$115

Den Chief Fee

Den Chiefs \$175

Early Bird Discount



Save up to \$20 per youth by participating in the Early Bird program!



Here's how to qualify!

- Must pay a \$50 non-refundable deposit per youth by March 31st, 2023.
- Must pay the balance in full by June 2, 2023.

Registration Checklist for Cub Scout Resident Camp

Youth Camp Roster: due June 2nd with payment

- Print full name of each youth, last name first and list *alphabetically*.
- Please include shirt size.
- Indicate whether or not the individual will be taking medication at camp or if there are food allergies.

Adult Camp Roster: due June 2nd with payment

- Print full name of each adult, last name first and list alphabetically.
- Circle the days that each adult will be at camp.
- Write each adult's date of birth.
- Indicate whether or not the individual will be taking medication at camp or if there are food allergies.
- Indicate if an adult is CPR and/or First Aid Certified.

Registration Form (youth and adult): due June 2nd with payment

- Ensure there is a Parent/Guardian signature and date on each youth registration form.
- If you are bringing a Den Chief, please use the youth registration form.
- Please indicate t-shirt size on each youth registration form.

Camp Sam Wood T-shirt Pre-Order Form: due June 2nd with payment

• T-shirts are included in camp fees for youth only. Adults can use this form to pre-order shirts and/or hats. Please complete this form and submit with payment by Friday, June 2, 2023

Annual Health and Medical Record Form: due July 14 in office. After July 14, bring to camp

- Every child and adult camping must return a completed and signed form.
- A new form is required each year.
- Please have your Licensed Health Care Provider complete and sign/date Part C.
- The Individual Medications Form is the last page; please complete one form for every child and adult attending.
 - 1. Indicate whether or not over-the-counter medications can be administered by the Camp Health Officer.
 - 2. Designate which over- the-counter medications you approve of.
 - 3. Have your physician sign and date the Individual Medications Form.
 - 4. Parent/Guardian sign and date.

Answer to question: According to Meghan Jones of Readers Digest: "If you grew up in the Caribbean, you learned in school that the word derives from an indigenous tribe called the Caribs," she explains. "'Carib' is pronounced with the accent on the first syllable: 'CAR-ib.' Therefore most natives of the islands pronounce 'Caribbean' with some version of emphasis on the first and third syllables."



CUB SCOUT REGISTRATION FORM

CUB SCOUT RESIDENT CAMP 2023

IROQUOIS TRAIL COUNCIL - BOY SCOUTS OF AMERICA

				Pack #		•	
Session Selection	on (Check Or	ne)					
Weeken	d 1: July 29	– July 31	_Weekend 2: Aug. 4 – 7	,			
Please Print Scout's Name: _						Birth date:	
Den Chief: (circl	e one) Yes	No	Fall of 2023 Grade: (circle one) 1st	2 nd 3 rd	4 th	5 th
Height: Color:			Еуе	Color:		Hair	
Parent/Adult Pa	artner is atte	nding with Scout (cir	cle one) Yes No	If no; comple	ete the informa	ation below:	
Parent's Name:					Home		
Phone:							
_		: (circle one) Yes I	If	ood Allergies: (ci yes, please	rcle one) Yes	No	Pack#
Name:			Relationship			Phone:	
Council Camp, C publications, vio Pack Camp Coo arrive at and lea	Camp Sam W deos and its v rdinator. I gi ave camp wit	ood. I authorize the website and other Scive my permission foot his Pack or me. If	Boy Scouts of America couting events. I unde r my child to be transp	and Iroquois Trans rstand that trans orted home by a or leave camp at	ail Council to us sportation is my an adult from of any other time	e my child's im y responsibility ur pack. I unde e he must be ch	or the responsibility of the erstand that my child is to necked in or out in person at
Name:			Relationship		F	Phone:	
Parent/Guardia	n Signature ₋				Date:		
_		be accompanied by t e council office by Ju		edical Record wi	th parent/guar	dian signature	and <i>physician signature</i> .
Camp T- Shir	t						
T-shirts are i	ncluded in	the camp fees fo	or youth only. Plea	se circle the	size needed:	<u>i</u>	
Youth sizes:	size YM (6-8)	size YL (10-12) Adu	chest Ilt sizes: S (34-36)	chest M (38-40)	chest L (42-44)	chest XL (46-48)	chest 2XL (50-52)



ADULT REGISTRATION FORM CUB SCOUT RESIDENT CAMP 2023



Pack #

IROQUOIS TRAIL COUNCIL - BOY SCOUTS OF AMERICA

Session Selection (Check One)	
Weekend 1: July 28 – July 31Weekend	2: Aug. 4 – 7
Please Print	
Name:	-
Registered BSA Adult: (circle one) Yes No	Date of Birth
Cell Phone:	Email:
Taking Medication at Camp: (circle one) Yes No	Food Allergies: (circle one) Yes No If yes, please list
Days at Camp: (circle all that apply) S M T W H	F S
Check one:	
☐ My child(ren) and I are attending camp with our	Pack.
My child(ren) name:	
☐ I am attending camp as an adult leader only and	do not have a child in camp
This registration form must be accompanied by the Annua	Health and Medical Form with <i>physician signature</i> .



Medical forms are due in the council office by July 15.

Iroquois Trail Council, Boy Scouts of America, 102 South Main Street, Oakfield, NY 14125 585-343-0307 www.itcbsa.org

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YOUTH CAMP ROSTER

Pack#	Session#	Site		
Camp Coordi	nator Name		Telephone	

	PRINT FULL NAME (Last Name First) LIST CUB SCOUTS ALPHABETICALLY	1	Load Allin Sing	er Central	Medicalina	Sallar
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18.						
19.						
20.						

ADULT CAMP ROSTER

Pack#	Session #	Site		
Camp Coordi	nator Name		Telephone	

<u> </u>		•		
PRINT FULL NAME (Last Name First) LIST ADULTS ALPHABETICALLY	City State Constitution of the Constitution of	ARCHINE ROBERT	Medicalia Cod ATA	naggios;
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2.	S M T W H F S			
3.	S M T W H F S			
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5.	S M T W H F S			
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9.	S M T W H F S			
10.	S M T W H F S			
11.	S M T W H F S			
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17.	S M T W H F S			
18.	S M T W H F S			
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20.	SMTWHFS			

Camp Sam Wood 2023 Pre Order

Adult Leader T-Shirt / Hat Form

(youth camper t-shirts are included in the camp fee)

DUE DATE: Friday, June 2nd

CONTACT F	PERSON:			
Phone Nun	nber:			
E-Mail:				
Cub Pack #	:	Session a	ttending:	
T-Shirt:	S-XL 2XL – 4XL	\$12.00 \$15.00		
Sam Wood	Hat:	\$15.00		

SIZE	<u>COST</u>	SUB TOTAL
Youth M	\$12.00	
Adult S	\$12.00	
Adult M	\$12.00	
Adult L	\$12.00	
Adult XL	\$12.00	
Adult 2XL	\$15.00	
Adult 3XL	\$15.00	
Adult 4XL	\$15.00	
HAT	\$15.00	
	Youth M Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL	Youth M \$12.00 Adult S \$12.00 Adult M \$12.00 Adult L \$12.00 Adult XL \$12.00 Adult 2XL \$15.00 Adult 3XL \$15.00 Adult 4XL \$15.00

Payment Subm	itted: \$	\$