

2009

Scout Application & Pledge For Camp Cody

Each Scout planning to attend Camp Cody must fill out and attach the five documents below. The Scout and a parent/guardian are required to sign the following pledge and return it with their Camp Cody Application. The pledge and all documents must be signed and returned before the Scout can be admitted into Camp Cody.

Camp Cody Pledge

"As a Scout attending Camp Cody I pledge not to bring or use alcohol, drugs, or tobacco at Camp Cody. I understand that if I break this pledge it will result in my exclusion from Camp Cody and possibly the Troop. I further understand there will be no warnings or second chances on this issue."

Name of Scout _____
(Please Print)

Signature of Scout _____

As the parent or guardian of a Scout attending Camp Cody, I have read and understand this pledge.

Signature of Parent\Guardian _____

<input type="checkbox"/>	APPLICATION TO ATTEND CAMP CODY
<input type="checkbox"/>	PARENT/GUARDIAN PERMISSION SLIP.
<input type="checkbox"/>	AUTHORIZATION AND CONSENT TO TREATMENT OF MINOR.
<input type="checkbox"/>	B.S.A. PERSONAL HEALTH AND MEDICAL RECORD. A Class 1 (update annually for all participants) A Class 2 (required every 36 months for all participants under 40 years of age).
<input type="checkbox"/>	YOUR CHECK [payable to "Troop One, BSA"].

Please Staple
Checks Here

APPLICATION FORM

SCOUT'S NAME _____ BIRTH DATE _____ AGE _____

ADDRESS _____ PHONE (____) _____

CITY _____ STATE _____ ZIP _____

TROOP _____ PATROL _____

PLEASE CIRCLE YOUR CURRENT RANK:

Scout	Tenderfoot	First Class	Second Class
Star	Life	Eagle	

HAVE YOU BEEN TO CAMP CODY BEFORE? YES ___ NO ___

HAVE MANY TIMES ? _____

I PLAN TO ATTEND WORK WEEKEND YES ___ NO ___

I WOULD LIKE TO ATTEND WORK WEEK (FIRST YEAR CAMPERS EXCLUDED !) YES ___ NO ___

For Scout, Tenderfoot, and Second Class Scouts:

You will take three merit badge classes: First Aid, Leatherwork, and Swimming. You will also earn your "Totin' Chip" and "Fireman Chip". You will also work with the other Cody Pioneers on advancing in rank.

For First Class, Star, Life, and Eagle Scouts:

You can earn up to 5 Merit Badges at Camp Cody. Success requires you to "Be Prepared." You must:

1. LOOK AT THE LIST OF MERIT BADGES ON THE NEXT PAGE.
2. CROSS-OFF THE MERIT BADGES THAT YOU ALREADY HAVE.
3. NUMBER THE MERIT BADGES YOU WANT TO EARN AT CAMP CODY. PUT #1 BY YOUR FIRST CHOICE, #2 BY THE SECOND CHOICE, ETC.
4. PICK AT LEAST ONE WATER-RELATED MERIT BADGE.
5. BUY OR BORROW THE MERIT BADGE BOOKS YOU NEED.
6. DO ALL OF YOUR PRE-CAMP WORK BEFORE YOU COME TO CAMP CODY. READ THE CAMP CODY BROCHURE TO FIND OUT WHAT YOU NEED TO DO.

7. If you are a third year Cody or older Scout and have other Eagle required merit badges that you would like to work on while at camp, please list them here. If there will be a registered counselor in camp for your listed merit badge(s), we will let you know and you can work with him during your free time to complete the requirements.

Archery	Environmental Science#	Leatherwork*	Rowing
Astronomy	First Aid*#	Lifesaving#	Small Boat Sailing
Camping#	Fish & Wildlife Mgnt.	Nature	Soil & Water Cons.
Canoeing	Fishing	Orienteering	Swimming*#
Climbing	Forestry	Pioneering	Wilderness Survival
Cooking	Geology	Rifle Shooting	

OTHER AWARDS: PUT A CHECK (___) IF YOU PLAN TO EARN THESE AWARDS:

- | | | |
|------------------------|--------------------------|------------------------|
| ___ Mile Swim | ___ Scout Lifeguard* | ___ Cody Explorer** |
| ___ Outstanding Camper | ___ Cody Outpost** | ___ Cody Mountaineer** |
| ___ Cody Ranger** | ___ Cody Rock Climber*** | |

* = You must teach one waterfront Merit Badge class.
 ** = Read the Camp Cody Brochure for the requirements.
 *** = You must sign up and pass, just like a Merit Badge class.

Special dietary requirements: _____

FAMILIES ARE INVITED to visit Camp Cody on Saturday August 6th after 1:00 PM. If your family plans to visit, please tell us:

**WE WILL HAVE _____ PEOPLE IN OUR PARTY FOR SATURDAY DINNER.
 (\$3 per person, don't count your Scout.)**

SUNDAY BREAKFAST IS FREE. THEN WE TAKE DOWN AND PUT AWAY CAMP.

I agree to "be prepared" when I arrive at Camp Cody this year.

Signature of Scout _____ DATE _____
(Scout signs here)

REVIEWED AND APPROVED _____
(Parent/Guardian signs here)

PARENT/GUARDIAN PERMISSION SLIP

1. I/we am/are the parent(s) or legal guardian(s) of _____.
2. I/we give full permission for him to participate in all supervised camp activities which may include, but are not limited to: rock climbing, rifle range, archery, hiking, swimming, boating, and sports.
3. Activities which he may not participate in are: _____
_____.
4. I/we do further agree to indemnify and save harmless the Boy Scouts of America, the Golden Empire Council, and all officers and employees thereof, from all suits or actions brought for or on account of, any injuries or damages received or sustained by any person or persons by or from the consequences of any negligence or any act of omission of the above named minor occurring during the course of said activity.
5. The names, address, and telephone numbers of two responsible adults in order of preference to whom the boy is deliverable if for any reason he must be removed from Camp are:
 - A. NAME _____ PHONE _____
ADDRESS _____
 - B. NAME _____ PHONE _____
ADDRESS _____
6. I/we understand and agree that no Scout will be permitted to leave Camp until closing operations are completed (usually before lunch time on the last Sunday of Camp) unless specific approval is granted by the Scoutmaster in charge prior to the start of Camp.
7. I/we agree that **NO** candy, soda pop, gum, or other "goodies" shall be brought or mailed to Camp by boys, parents, guardians, friends, or other members of the Scout's family.
8. I/we agree not to bring pets to Camp Cody.
9. Any food restrictions (health and/or Religious reasons).

PARENT(S)/GUARDIAN(S) SIGNATURE(S)

Father _____ DATE _____

Mother _____ DATE _____

SCOUT'S SIGNATURE _____

TROOP ONE
GOLDEN BEAR DISTRICT



Boy Scouts of America
GOLDEN EMPIRE COUNCIL

Sponsored by Ben Ali Temple, A.A.O.N.M.S

Sacramento, California

AUTHORIZATION & CONSENT TO TREATMENT OF MINOR

Name of minor

Date of birth

I/We the undersigned, being the parent, parents, guardian, or guardians of the above named minor, do hereby authorize the Scout Executive, Golden Empire Council, Boy Scouts of America, or such substitutes as he may from time to time designate as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment including hospital care, which is deemed advisable by and if to be rendered under the general special supervisor of any physician and surgeon, licensed under the Provision of Medicine Practice Act or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment rendered under the general or special supervision of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp, or elsewhere.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all diagnosis, treatment, or hospital care which the aforementioned physician, surgeon, or dentist in the exercise of his best judgment may deem advisable for the health, welfare, and well-being of the minor above named.

This authorization will remain effective during all time that the above minor is enroute to or from or involved or participating in a Boy Scout program or activity within the jurisdiction of the Golden Empire Council, Boy Scouts of America, whether within or outside the geographical boundaries of the Golden Empire Council, unless revoked in writing signed by the undersigned, and delivered to the aforesaid agent.

Date

Father or Guardian

Witness

Mother or Guardian

HOME PHONE (____) _____

WORK PHONE (____) _____