

# WEBELOS SEE-N-DO 2004

Friday, November 12 - Sunday, November 14  
Scoutland Scout Reservation, NEGA

The Webelos See-n-Do is a Webelos only activity that offers a weekend of camping at our council camp, an opportunity to complete two activity pins, participate in campwide games, interact with Boy Scouts and their leaders, and get a taste of what Scout summer camp is like. It's a great learning activity for first year Webelos and bridging activity for second year Webelos.

We acknowledge that many families need to bring younger siblings in order to camp, and they are welcome to stay in the campsites with their parents. However, there are no activities planned for younger Cubs or siblings, and they may not attend the activity pin sessions with the Webelos. There is no event fee for younger siblings staying in campsites. *Everyone* is welcome to attend the campfire and cheer the Webelos on during the campwide games and competitions!

## Please fill out one application per den

( If there is only one Webelos in your pack who wants to attend, he may do so as a lone Scout **with** a parent. Have the parent fill out the application just as if he were a den, and check the LONE SCOUT space)

Unit Number \_\_\_\_\_ Pack location \_\_\_\_\_  
Cub Master \_\_\_\_\_ Phone \_\_\_\_\_

### Webelos Den Leader *(please fill all blanks in this section)*

Name \_\_\_\_\_  
Street \_\_\_\_\_ Apt# \_\_\_\_\_  
PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Number of Webelos attending in this den: \_\_\_\_\_

Number of Adults attending in this den : \_\_\_\_\_

Number of in- site siblings and adults attending: \_\_\_\_\_

LONE SCOUT: \_\_\_\_\_

LONE SCOUT PARENT (S): \_\_\_\_\_

Please number 1 – 6 your choices for activities in order of preference. Please number all activities.

**Morning**

- Citizen
- Readyman
- Outdoorsman
- Forester
- Geologist
- Scientist

**Afternoon**

- Citizen
- Readyman
- Outdoorsman
- Forester
- Geologist
- Scientist

All activity groups have size limits to ensure that groups will not become too large for effective program. Groups will be filled in the order in which they are received by postmark on the event application. We will do our best to get everyone into their top choices. Two adults will be required to move with each den at all times.

**There will be campwide games on Sunday. The Games will rotate in round robin style. Each den will have the opportunity to move through five games. Please check the five games your den would like to play.**

- |   |   |
|---|---|
| <input type="checkbox"/> Tug of War     | <input type="checkbox"/> Four Man Skis                        |
| <input type="checkbox"/> "Cow Pie" Toss | <input type="checkbox"/> Spam Toss (something like shot putt) |
| <input type="checkbox"/> PBJ Relay      | <input type="checkbox"/> 50 yard dash                         |
| <input type="checkbox"/> Checkers       | <input type="checkbox"/> Casting for Carp                     |

The Golden Axe and Silver Skillet competitions will be explained in your information packet. Dens may sign up for both on Friday night registration or Saturday morning after flags.

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Once we have received your den's application, your Webelos leader will receive an event information packet in the mail with your campsite assignment, maps to and of the camp, weekend schedule, simple health forms, camping tips, and other helpful information.

**Event fees fall as follows:**

Postmarked by Thursday, September 30.....Youth \$15.00 , Adult \$10.00  
Postmarked by Friday, October 29 .....Youth \$20.00, Adult \$15.00  
Applications made after will need to be made directly to the Jefferson Office.  
After October 29 and at gate fee is \$25.00 for all participants.

No information packets will be mailed after October 29. You may call the event chair for your campsite assignment and receive your packet at the event.

If you have any questions, please call Sue Oberg 678-471-2227 or Amy Garrett 800-699-8806.

# Class 1 Personal Health History

(Update annually, using form No. 34414.)

## PLEASE DETACH BEFORE COMPLETING.

**Identification:** To be filled out by parent or guardian. Please print in ink.

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_ Telephone \_\_\_\_\_

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

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

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

**General Information:** Yes No Yes No Yes No Yes No Yes No

ADHD (Attention Deficit Disorder)   Asthma   Convulsions/seizures   Heart trouble   High blood pressure

Hyperactivity Disorder   Cancer/leukemia   Diabetes   Hemophilia   Kidney disease

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 \_\_\_\_\_ Pertussis \_\_\_\_\_ Mumps \_\_\_\_\_ Polio \_\_\_\_\_

Diphtheria \_\_\_\_\_ Measles \_\_\_\_\_ Rubella \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

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

## Parent Authorization:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian