

2009 Polar Bear Campout – Hiddenite Adventure

Siblings (must be age appropriate) are welcomed on this event
 RSVP requested by October 21st I must make group reservations for Hiddenite Gems!
 (if the weather is too cold we may attend the Kings Birthday at Ft. Dobbs.)
 Deadline to sign up and pay fee is **November 8th**

Date: November 14th and 15th

Time: Depart Saturday, from Parkway at 9am. Arrive at Hiddenite by 10 am.

Where: Hiddenite Family Camp Ground, and Hiddenite Gems, See website for directions.

Meals: Bring Your Own Bag lunch, campfire dinner (Cubmaster Chili/Frito Pie), campfires snacks; breakfast Sunday morning (eggs, grits and bacon).

Bring a bag lunch for Saturday. The Pack will provide pantry items for dinner, campfire and breakfast. Webelos Scouts are encouraged to bring a mess kit. Admission, camp ground fees and one sluicing bucket of ore are covered; addition buckets of ore can be purchased by the cub for \$2-\$10. An “Event Activities Agenda” and other details will be provided closer to the campout date. Target time for departure Sunday morning is no later than 10:30am.

Please check the website (www.pack909.com) for recommended camping gear for this event. Additionally the boys will be digging in mud and water therefore, they should wear appropriate clothing and old shoes (boots or galoshes (rain boots) are recommended). Be sure to bring your cold weather kit, rain gear, and towels as described in the “Recommended Camping List” on the website.

BSA rules require that we have a minimum of one adult per every two Cub Scouts and each Tiger Cub must have his parent accompany him to all Scouting functions. We must have a completed Class 1 medical form on file for all boys attending any Scout Campout or Trip (these should have been filled out in August). A Pack T-Shirt (\$10 each) is required for any Campout. When traveling to or from a Scout event, Cubs should wear their Pack T-Shirts.

Cub Scout(s) Name(s): _____

Others attending Name(s): _____

Phone Number: _____

Email: _____

Number of Cubs		x	\$5.00 (\$15 subsidized by pack)	=		Pack Camp Policy Applies
Number of Siblings (age 4-12)		x	\$12.00	=		
Number of Older Siblings, Leaders, Parents, Grand Dads...		x	\$20.00	=		
Total attending here →						
Number Registering Late						NO Late Registration!
Total Being Paid →				=		Check Number _____

Checks payable to Pack 909

Turn in to Den Leader, or mail to: Cubmaster Robbins, 707 Lynn Dee Dr., Winston-Salem, NC 27106

PLEASE READ CAREFULLY—Pack 909 Camp Policy – Camping and other Pack paid events are enrichment activities intended to stimulate growth and benefit the development of our young Cub Scouts. Often, the Pack must prepay for events. If, for some reason, you must pull out of a Pack paid activity for which you signed up your Cub to attend, we ask that you reimburse the Pack that amount. If the event is canceled by the event sponsor, their reimbursement policies will apply, and reimbursement to the Pack and parents will be given accordingly. **Pack Precautions and Policies for the Flu Apply.**

Boy Scouts of America Hold Harmless Agreement – I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities.

Signature _____ Date _____

I have read, understand, and agree to the above terms.