



# GSMC Haunted Harvest Adventure Weekend October 18&19 @ Camp Buck Toms



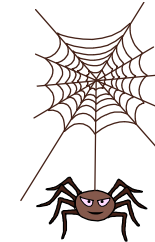
Great Smoky Mountain Council—BSA  
PO Box 51885  
Knoxville, TN 37950



It's time for a great weekend of Fall activities and harvest fun designed for Cub Scouts and the entire family

Activities include:

Crafts, Wood Working, Outdoor Cooking, Nature Hike, Archery, BB's and Carnival Games



Bring a carved Pumpkin and get a treat!

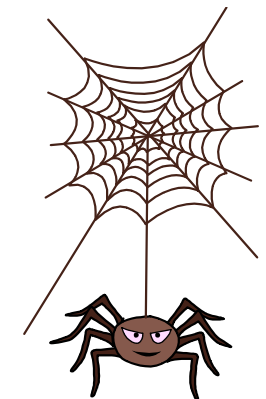
Join the fun and bring a Scout appropriate costume for the evening

## Things to Bring to Camp

- Tents will not be provided
- Casual Clothing
- Sturdy closed toe- shoes (no Crocs)p
- Insect Repellent
- Jacket and raincoat/poncho
- Flashlight or lantern w/batteries
- Toilet articles/soap/towel
- Sleeping bag or Blankets
- Ground Sheet, Air Mattress, or Pad
- Pocket money for The Trading Post
- A Sack Lunch for Saturday Lunch (Sat. Supper and Sunday Breakfast Provided)p

## Things Not to bring to Camp

- Pocket Knives
- Electronic items
- Pets or Bikes



Non Profit  
Organization  
U.S. Postage  
Paid  
Permit No 694

## Fall 2008 Family Camp Application

- We try to accommodate your requests, but cannot guarantee that dens will be together. An email confirmation will be sent prior to camp.
- Payment must accompany this application.
- Each applicant must complete Health Form. Copy additional forms as needed. One health form per camp participant, including all adults and siblings.
- Staff must be approved by camp director Wes Lovell t351@comcast.net . Staff application is required.

Scout's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Pack: \_\_\_\_\_ District: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email Address for Reservation Confirmation

List all additional attendees:

Parent/Guardian: \_\_\_\_\_ On Staff? \_\_\_\_\_

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Sibling: \_\_\_\_\_ Age \_\_\_\_\_

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Fees per participant:

• Ages 6 years old and up \$40 x \_\_\_\_\_ = \_\_\_\_\_

• Ages 3 to 5 years old \$30 x \_\_\_\_\_ = \_\_\_\_\_

Early Bird Fee Discount applies if registration is received by October 1.

• Deduct \$10 per person (-)\$10 x \_\_\_\_\_ = \_\_\_\_\_

(Activity 725) Total \_\_\_\_\_

Mail completed application with payment to:  
GSMC - BSA, PO Box 51885, Knoxville, TN 37950

Make checks payable to BSA or pay via VISA or MasterCard.

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Security code \_\_\_\_\_

Signature \_\_\_\_\_

## Personal Health and Medical History

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health/accident insurance carrier \_\_\_\_\_

Policy/patient # \_\_\_\_\_

Check items that apply (past or present) to your health history.

	Yes	No		Yes	No
Asthma			Cancer/Leukemia		
Convulsions/Seizures			Hemophilia		
Diabetes			Heart Trouble		
High Blood Pressure			Kidney Disease		
ADHD			Other		

Explain: \_\_\_\_\_

List any allergies to food, medicine, insects or plants, etc. \_\_\_\_\_

\_\_\_\_\_

List any medications to be taken at camp: \_\_\_\_\_

\_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in the camp: \_\_\_\_\_

\_\_\_\_\_

List equipment needed such as wheelchair, contacts, etc.:

\_\_\_\_\_

Immunizations: give date of LAST inoculation or booster.

Tetanus \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_

Diphtheria \_\_\_\_\_ Mumps \_\_\_\_\_ Pertussis \_\_\_\_\_

Rubella \_\_\_\_\_

Medical Release to Treat

In case of emergency, I understand every effort will be made to contact the emergency contact listed above. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for (circle one) my child or myself.

\_\_\_\_\_

Adult Signature

\_\_\_\_\_

Date

All Participants must have  
a current health form.  
Copy this form as needed.

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## Personal Health and Medical History

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 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Health/accident insurance carrier \_\_\_\_\_  
 Policy/patient # \_\_\_\_\_

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