



Family Camp-Out at Roosevelt Park

August 10 - 11, 2018

\$25/Resident Family; \$37.50 Non Resident Family

Join local Boy Scout Troops #12 & #169 for a fun family camping adventure in Roosevelt Park. Take part in scouting activities that will teach your family how to camp in the great outdoors.

The intent of this event is for families to have the opportunity to experience camping near home. All children must be accompanied by an adult family member and cannot exceed one adult per four children to ensure the safety of the families.

- * This is a rain or shine but will be cancelled threatening weather. (No refunds will be given)
- * Check-in begins at 5:00pm and all families must be checked in by 6pm
- * Scouts will assist families in putting up their tents (must provide own tent)
- * Camp style dinner will be served from 6-7pm (food & utensils provided)
- * Breakfast will be served from 7-8am (food & utensils provided)
- * Restrooms available at the park
- * Break-down Camp 10am Saturday and all families must clear the park by 12pm

- Friday Activities: 7-9pm**
- Compass circle
 - Fire building
 - Hatchet & Knife Safety
 - Pioneering
 - And more

- Friday Activities: 9-10pm**
- Ghost Stories
 - Skits
 - Sing-along
- Lights Out: 10:30pm**

- Saturday Activities: 7-9am**
- Breakfast 7-8am
 - Break Camp 9am-10am
 - All Clear 10am

What to Bring

- | | |
|-----------------------|--------------------------------|
| • Adult Supervision | • Refillable Water Bottles |
| • Tent | • Snacks |
| • Camp Pad (optional) | • Medicines |
| • Sleeping Bags | • Weather Appropriate Clothing |
| • Flashlights | • Mosquito Repellant |
| • Chairs | |

Register in person at the Oconomowoc Community Center, 220 W. Wisconsin Ave. Oconomowoc, WI 53066

Family Participation Information Form

Family Name _____

Adult Supervisor _____ Cell Phone _____
(must not exceed 1 adult per 4 children)

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Emergency Contact and Medical Information

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Cell Phone

Home Phone

Cell Phone

Address

Address

City, Street ZIP Code

City, Street ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date