



MAGNESS ADVENTURE CAMP 2009

Cub Scout and Webelos Resident Camping

Denver Area Council, Boy Scouts of America 2901 West 19th Avenue, Denver, CO 80204
(New Office – January 2009 - 10455 West 6th Avenue, Lakewood, CO 80215)
303-455-5522 www.denverboyscouts.org camping@denverboyscouts.org

Surf's Up! Get your board shorts on the 2009 Magness Adventure Camp season! Hang ten with Cubby and the Magness team as we build on activities and programs that complement the "Surf's Up" theme with a beach party luau, aquatics and water action, Hawaiian crafts, and loads of camping fun.

The Magness Adventure Camp is our Council Cub Scout overnight camping facility and is located at Peaceful Valley Scout Ranch. In 2009, there will be 14 three day, two night sessions for Cub Scouts, leaders and families. While packs are encouraged to come as a group, many parents and boys choose to attend camp as a family. Either method is good as long as your son attends summer camp.

Magness Adventure Camp offers a unique age-specific, grade appropriate, exciting program for all Cub Scouts and their families who attend. Campers have the opportunity to participate in a variety of programs including sports, handicrafts, nature, swimming, boating, and a whole lot more. Some of what we do is advancement oriented, but most activities are just done for fun. Siblings, age 6 and up may participate in all camp activities.

The camp is located among the ponderosa pines of the Black Forest, 60 miles southeast of Denver, near the town of Elbert. We offer a first class facility as well as an abundance of activities for families. Some activities may not be appropriate for children under 6 years old.

Magness Adventure Camp Facility

You'll sleep in a comfortable tent featuring two beds with pads. An extra sleeping pad for a third person or campers under the age of 5 can be checked out from the staff, if needed. Tents sit on concrete pads and you can close them at night for privacy. Modern and heated bathroom facilities include private hot showers and flush toilets. Bathrooms are wheelchair accessible. Webelos Scouts, rising fourth and fifth graders, are encouraged to bring their own tent as part of the program. Tents can be provided if needed. Meals will be prepared and served from the Coors Commissary.

Registration Camp Sessions

Session 1 – June 7 - 9 (Sun-Tues)	Session 8 – July 2 - 4 (Thurs-Sat)
Session 2 – June 11 - 13 (Thurs-Sat)	Session 9 – July 5 - 7 (Sun-Tues)
Session 3 – June 14 - 16 (Sun-Tues)	Session 10 – July 9 - 11 (Thurs-Sat)
Session 4 – June 18 - 20 (Thurs-Sat)	Session 11 – July 12 - 14 (Sun-Tues)
Session 5 – June 21 - 23 (Sun-Tues)	Session 12 – July 16 - 18 (Thurs-Sat)
Session 6 – June 25 - 27 (Thurs-Sat)	Session 13 – July 19 - 21 (Sun-Tues)
Session 7 – June 28 - 30 (Sun-Tues)	Session 14 – July 23 - 25 (Thurs-Sat)
Session 15 – July 26 - 28 (Sun-Tues) <i>Special Needs Only</i>	

Cost:

All fees include program, meals, Camp T-shirt and Camp Patch. A \$20 deposit per person secures your spot for 2009!

Cub Scouts and non-Scout Youth

If paid by March 30th - \$90 (Includes T-shirt!)

If paid by April 30th - \$100 (Includes T-shirt!)

If Paid by May 29th - \$100

Children 5 and under attend free of charge (T-shirts are not provided for children 5 and under).

Adults - \$70 (Includes T-shirt if paid by April 30th)

We accept MasterCard, Visa and Discover credit cards.

ALL FEES ARE NON-REFUNDABLE. If you are unable to attend, contact your pack leaders for a possible replacement.

Arrival and Departure Times

Check in starts at 1 p.m., your first meal is dinner. You will depart after dinner on the last day.

What to Bring

Clothes	Canteen or water bottle	Spending Money	Pillow
Hiking Shoes	Rain Gear	Sunscreen Lotion	Pajamas
Flashlight	Shower shoes	Toilet Kit	Heavy jacket
Towel	Sweater	Camera with film	Hat
Day Pack	Sleeping bag or 3 heavy blankets	Swim suit	Bug Spray

Please label all personal items. Campers are not permitted to bring sheath knives, radios or pets.

Weather: Peaceful Valley sits at 7,000 feet above sea level along the Palmer Divide. Weather can change quickly, and campers must be prepared. Afternoon rain showers are common but do not stop the program. Bring plenty of clothes and shoes so you can stay dry. Nights are often cool so bring more than just shorts. Be Prepared!!!

Camperships

Scholarship money is also available for Scouts who qualify. Request for camperships (a scholarship toward a Scout's camping fee) must be made in writing to the Council Camping Committee. Program Scholarship forms are available at the Denver Area Council and must be requested 30 days prior to final payment.

Cubby Gear

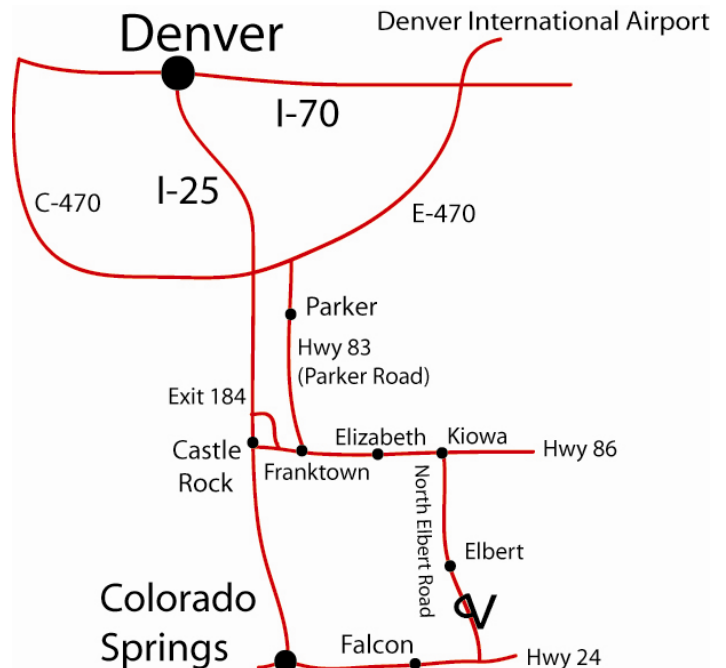
The official Cubby gear and souvenirs will be sold each session in the Magness Adventure Camp Trading Post. Snacks and beverages are also available at the trading post.

Camp Rules and Guidelines

- Alcoholic beverages, fireworks and recreational drugs are not permitted.
- Park in designated areas and follow speed limits. Drive only on existing roads. Passengers are not to ride in back of trucks.
- Smoking only allowed in designated areas.
- Pets are not allowed in camp.
- Do not use canoes, tower, BB guns or archery equipment when program areas are closed.
- Personal firearms are not allowed.
- Only adults may carry pocketknives. Sheath knives will not be permitted.
- Please park at designated area adjacent to headquarters. The unloading areas by the pavilion are not for parking.

Directions

- Take I-25 south to Exit 184 (Founders Parkway near Castle Rock)
- Turn left at stop sign to Founders Parkway
- Take Founders Parkway to traffic light (Highway 86 intersection)
- Turn left at stop light onto Highway 86
- Take Highway 86 through Franktown and traffic signal at Parker Road.
- Continue on Highway 86 through Elizabeth.
- Continue on Highway 86 until you come to Elbert Highway on your right (just before Kiowa).
- Turn on Elbert Highway and continue through the town of Elbert.
- Turn right into Peaceful Valley Scout Ranch at the second entrance. Dobbins and Dietler are on the left; Magness is on the right.
- Follow the signs to check in at Magness Adventure Camp.



MAGNESS ADVENTURE CAMP REGISTRATION FORM

The total fee per Cub Scout is \$90.00 if paid in full by March 30th. Adult fee is \$70. Children 5 and under attend free of charge. Return this form to the Denver Area Council with your participant's \$20 deposit. Make checks payable to BSA. This form must be filled out for each Magness Adventure Camp participant including Scouts, adults and non-Scout participants. The fee will be \$100 for those participants who pay their fee in full by April 30th. After April 30th, the fee is still \$100, but you will not be able to qualify for the free Magness T-shirt.

Please complete a separate form for each participant

I will attend the following session (Please check one):

- | | |
|--|--|
| <input type="checkbox"/> Session 1 – June 7 - 9 (Sun-Tues) | <input type="checkbox"/> Session 8 – July 2 - 4 (Thurs-Sat) |
| <input type="checkbox"/> Session 2 – June 11 - 13(Thurs-Sat) | <input type="checkbox"/> Session 9 – July 5 - 7 (Sun-Tues) |
| <input type="checkbox"/> Session 3 – June 14 - 16 (Sun-Tues) | <input type="checkbox"/> Session 10 – July 9 - 11 (Thurs-Sat) |
| <input type="checkbox"/> Session 4 – June 18 - 20 (Thurs-Sat) | <input type="checkbox"/> Session 11 – July 12 - 14 (Sun-Tues) |
| <input type="checkbox"/> Session 5 – June 21 - 23 (Sun-Tues) | <input type="checkbox"/> Session 12 – July 16 - 18 (Thurs-Sat) |
| <input type="checkbox"/> Session 6 – June 25 - 27 (Thurs-Sat) | <input type="checkbox"/> Session 13 – July 19 - 21 (Sun-Tues) |
| <input type="checkbox"/> Session 7 – June 28 - 30 (Sun-Tues) | <input type="checkbox"/> Session 14 – July 23 - 25 (Thurs-Sat) |
| <input type="checkbox"/> Session 15 – July 26 - 28 (Thurs-Sat) <i>SPECIAL NEEDS ONLY</i> | |

This form is for:

- | | |
|---|---|
| <input type="checkbox"/> Cub Scout* (includes T-shirt) | <input type="checkbox"/> Adult (includes T-shirt) |
| <input type="checkbox"/> Non-Scout Participant (Includes T-shirt) | <input type="checkbox"/> Children 5 and under |

*For the school year 2009 – 2010, my son will be in: (Please circle one)

1st Grade (Tiger)	3rd Grade (Bear)	5th Grade (Webelos II)
2nd Grade (Wolf)	4th Grade (Webelos I)	

T-shirt Size (for Cub Scouts and Adults): (Circle) YS YM YL AS AM AL AXL AXXL AXXXL

Pack #: _____ District: _____

Participant's Name: _____ Participant's Phone: _____

Participant's Address: _____

City: _____ State: _____ Zip Code: _____

Participant's Email: _____

Pack Contact Person: _____ Pack Contact Person Phone: _____

Please find enclosed check/cash for \$ _____. Charge my credit card \$ _____

VISA / MC / DISCOVER

Credit Card # _____ Expiration Date: _____

Credit Card Authorization Signature: _____

Mail form with fees to: Denver Area Council, BSA
Attn: Camping Department
2901 West 19th Avenue
Denver CO 80204

(Reverse side – Health History Form; complete both sides of this form)



Denver Area Council, B.S.A.
Personal Health and Medical Record—Class 1



Instructions: By completing this form, it qualifies as a Class 1 medical history. A Class 1 medical history is a brief health history that does not require a physician's signature. A Class 1 medical history is required for all youth and adults to attend any Denver Area Council event. Youth and adults without a completed medical form will not be allowed to participate and sent home. Please make copies of this form, as it will not be returned to you at the end of the event.

I. Personal and Emergency Contact Information

Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Address: _____ City / State: _____ ZIP: _____

Name of Parent / Guardian or Spouse: _____ Phone #: _____

Place of Employment: _____ Phone #: _____

If person named above is not available in the event of an emergency, please contact:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Persons authorized to take youth from the event (include address and phone):

*Persons **NOT** authorized to take youth from the event (include address and phone):*

II. Health History / Information

Name of Primary Physician: _____

Primary Physician's Phone #: _____

Primary Physician's Address: _____

City / State: _____ ZIP: _____

Name of Dentist / Orthodontist: _____

Dentist / Orthodontist Phone #: _____

Medical Insurance Provider: _____

Carrier's Name: _____

Policy or Group #: _____ Medicaid ID #: _____

Medications taken within last 30 days: _____

Medications to be continued at event (with dosage): _____

Other Special Instructions related to Medications: _____

Check all items of concern or that apply, past or present, to your health history.

- | | |
|--|---|
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Convulsions/Epilepsy |
| <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Drug Allergies |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Bleeding/Clotting Disorders |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Other Allergies (list below) |

Explain all items checked above: _____

Problems or diseases not mentioned above: _____

Recurring illness or disability: _____

Operations or serious injuries (dates): _____

III. Parent / Minor Signatures

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Emergency Authorization: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for me/or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/or my child as named above. Permission is also given to transport me/or my child for medical assistance. This form may be photocopied for use at camp. I understand that I am responsible for payment of all medical treatments received.

I also give permission for my child to go on trips away from camp premises, and to participate in all camp activities. I give the Denver Area Council, Boy Scouts of America permission to use photographs of my child for purposes furthering the mission of the Denver Area Council, Boy Scouts of America.

*** Signature of parent or Guardian (or participant if over 18): _____ Date: _____

Signature of Witness: _____ Date: _____

*** Signature of Minor: _____ Date: _____

*** ***YOU MUST HAVE THE ABOVE SIGNATURES TO ATTEND THE EVENT!!*** ***

NAME: _____

UNIT: _____

ACTIVITY: _____