

Adult 2006 Registration

Pack# _____

Orange County Council Cub Scout Day Camp

Please Print

Camp Location _____ Camp Date _____

First Name _____ Last Name _____ Home Phone (_____) _____

Address _____ Cell Phone (_____) _____

City, Zip _____ Work Phone (_____) _____

E-Mail _____

In case of an emergency who else should be notified? This must be a local person who can pick you up if needed.

Name _____ Relationship _____ Daytime Phone (_____) _____

Name _____ Relationship _____ Daytime Phone (_____) _____

List all of your children who will attending this day camp (Campers, Siblings and Youth)

First Name _____ Last Name _____ Age _____ Camper / Sibling / Youth

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First Name _____ Last Name _____ Age _____ Camper / Sibling / Youth

First Name _____ Last Name _____ Age _____ Camper / Sibling / Youth

To ensure that the camp has the required 1:4 adult to camper ratio dates can not be changed without the approval of the pack coordinator or camp director.

I volunteer for all five days of Day Camp YES NO I will work the following days Mon Tues Wed Thurs Fri

Special assignment request _____

Adults working 3-5 days will receive a \$10 Scout Shop gift certificate and a free camp T-shirt (see box below).

Adult Information

Are you a registered Scouter? YES NO

Are you Youth Protection Trained? YES NO

Are you CPR/First Aid Trained YES NO

Standard Level 1 Level 2 Exp. Date _____

Child/Infant Adult Both Exp. Date _____

Are you a Registered Nurse / Physician / EMT YES NO

Please **Do Not** mail registrations three weeks before camp, turn them in directly to the Camp Director or the Council Office.

Extra T-shirts (_____) at \$10 each \$ _____

One T-shirt is provided to adults working **three** or more days
Extra shirts can be ordered on the left

- Adult Small
- Adult Medium
- Adult Large
- Adult XL
- Adult 2XL
- Adult 3XL

Class 1 Personal Health & Medical History for the Adult named above.

To be filled out by annually by all participants.

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

Health/Accident Ins. Carrier _____ Policy # _____

Name of Personal Physician _____ Telephone _____

Life Threatening Allergies (i.e. bees, peanuts) YES NO Epi-Pen YES NO

Serious Medical Condition YES NO

ALLERGIES: food, medicines, insects, plants YES NO

GENERAL INFORMATION: Asthma YES NO High blood pressure YES NO Cancer/Leukemia YES NO Heart condition YES NO

ADHD YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizures YES NO

Other (Explain) _____

List any medications to be taken at camp _____

List equipment, i.e. wheelchair, braces, glasses, contact lenses, etc.: _____

List physical/behavior conditions that may affect or limit participation (swim, backpack, long distance hikes, strenuous physical game play) _____

Immunizations: (Month/Year) Tetanus toxoid _____ Measles _____ Polio _____ Diphtheria _____ Mumps _____ Pertussis _____ Rubella _____ Other _____

I give my permission for full participation in BSA programs, subject to limitations noted herein. **IN CASE OF EMERGENCY**, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached I hereby give my permission to the licensed health care practitioner selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child (or me, if an adult).

Date: _____ Signature of Adult/Parent/Guardian: _____ 

I agree to follow all BSA Standards for adult volunteers at Day Camp. **I will be at camp on the days indicated.** If I am unable to attend I will contact the Camp Director.

Date: _____ Signature of Adult/Parent/Guardian: _____ 