

Webelos 2006 Registration

Pack# _____

Orange County Council Cub Scout Day Camp

Please Print

Camp Location _____ Camp Date _____

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

Scout Rank in fall 2006 Webelos 1 Webelos 2 Grade in the fall 2006 3rd 4th 5th 6th Birth Date _____

Mother's Name _____ Daytime Phone (____) _____

Father's Name _____ Daytime Phone (____) _____

Address _____

City, Zip _____

E-Mail _____

In case Parents or Guardians cannot be reached, in an emergency who else should be notified? This must be a local person who can pick the camper up if needed.

Name _____ Relationship _____ Daytime Phone (____) _____

Name _____ Relationship _____ Daytime Phone (____) _____

Is there anyone who **is not allowed** to pick up your child from day camp (for example a custody issue)?

Name(s) _____

Please remember that BSA Camp Standards state that there MUST be a 1:4 Adult to Camper ratio every day.

This requires that each Pack or Den provide appropriate coverage for their campers each session each day. Many Packs and Dens require that each parent volunteer at least one day per child attending camp. Adults volunteering 3 to 5 days will receive a camp T-shirt and \$10 Scout Shop gift certificate.

Every adult must complete a separate adult registration form.

Days this child's parents are volunteering. M T W T F Parent in camp _____

Camp Fees and Discounts Camp Fee \$100 My Unit is a Founders Unit - \$5 Discount <input type="checkbox"/> - _____ Paperwork in by Scout-O-Rama (May 20, 2006) - \$10 Discount .. <input type="checkbox"/> - _____ Extra T-shirts (____) at \$10 each <input type="checkbox"/> + _____ OOPS! Paperwork did not make it to the Camp Director or Council one month before camp + \$20 Late Fee <input type="checkbox"/> + _____ Total Due: \$ _____ Amount Paid: \$ _____ Balance Due: \$ _____ Campership form turned into Council on _____ for consideration. Turn in your registration right away, do not wait for a response on the campership. Please Do Not mail registrations three weeks before camp, turn them in directly to the Camp Director. A NON-REFUNDABLE \$40 Deposit can hold your place, the remainder is due 30 days before camp.		One camper T-shirt is provided. Extra shirts can be ordered on the left <input type="checkbox"/> Youth Medium (10-12) <input type="checkbox"/> Youth Large (14-16) <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium
Cancellation Policy: All refunds need to be requested in writing and submitted to the Council Office at least 3 weeks prior to the start of camp. All refunds are subject to a \$40 cancellation fee. Initial: _____		

Class 1 Personal Health & Medical History for the camper named above. To be filled out by parent or guardian annually for 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: _____

California Penal Code Section 12552 Furnishing firearms to Minors under 18 without permission of parent. Every person who furnishes any firearm, air gun or gas operated gun, designed to fire a bullet, pellet, or metal projectile, to any minor under the age of 18 years, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. I give my permission for the above child to use a firearm as described above.

I give my permission for this child to participate in the following Day Camp Activities at this Day Camp.
 Archery: YES NO Signature of Adult/Parent/Guardian: _____
 BB Guns: YES NO Signature of Adult/Parent/Guardian: _____