

# Adult 2001 Registration

Session 7A - AM Cub / 7C - AM Webelos Pack#

7B - PM Cub / 7D - PM Webelos

Please Print

Camp Location O'Neill Park Camp Date 6/25 - 29/2001

Last Name \_\_\_\_\_ First \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

In 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, Tot Lot and Youth)

Name \_\_\_\_\_ Age \_\_\_\_ Camper/Tot/Youth Name \_\_\_\_\_ Age \_\_\_\_ Camper/Tot/Youth

Name \_\_\_\_\_ Age \_\_\_\_ Camper/Tot/Youth Name \_\_\_\_\_ Age \_\_\_\_ Camper/Tot/Youth

I volunteer for all five days of Cub Day Camp \_\_\_\_ YES \_\_\_\_ NO

If NO, I can work the following Day(s) Mon Tues Wed Thurs Fri

One T-shirt is provided for adults volunteering 3 - 5 days.

Please circle ADULT size: Medium Large XL XXL

Additional shirts may be purchased.

Are you a registered Scouter? \_\_\_\_\_ YES \_\_\_\_ NO

Are you Youth Protection Trained? \_\_\_\_\_ YES \_\_\_\_ NO

Have you worked with children in a group situation? \_\_\_\_\_ YES \_\_\_\_ NO

Have you taken Cub/Scout Leader Training \_\_\_\_\_ YES \_\_\_\_ NO

Have you previously worked a Cub Scout Day Camp?..... YES \_\_\_\_ NO

Are you CPR/First Aid Trained \_\_\_\_ YES \_\_\_\_ NO

If YES \_\_\_\_ Standard \_\_\_\_ Level 1 \_\_\_\_ Level II Exp. Date \_\_\_\_\_

If YES \_\_\_\_ Child/Infant \_\_\_\_ Adult \_\_\_\_ Both Exp. Date \_\_\_\_\_ Registered Nurse? YES \_\_\_\_ NO \_\_\_\_

## Class 1 Personal Health & Medical History

Annually by all participants. To be filled out by Parent or Guardian. Please print in

ink.

Health/Accident Ins. Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

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

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 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 (give date of last inoculation): 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 the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

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 physician 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.

Date: \_\_\_\_\_ Signature of Adult Volunteer: \_\_\_\_\_