Adult 2001 Registration

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

Last Name			7B - PM Cub / 7D - PM Webelos
Email Address Address Address an energipmy 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) Age Camper/Tot/Youth Name Age Camper/Tot/Youth Name Age Camper/Tot/Youth Name YES NO No Tues Wed Thurs Fri No Provide for adults volunteering 3 - 5 days. Please circle ADULT size: Medium Large XL XXL Addrinona da	Please Print		Camp Location <u>O'Neill Park</u> Camp Date <u>6/25 - 29/2001</u>
Email Address	Last Name	First	Home Phone ()
Address a ne energiency who else should be notified? This must be a local person who can pick you up if needed. Name	Email Address		
na memergency who else should be notified? This must be a local person who can pick you up if needed. Name			
Name Relationship Daytime Phone () List all of your children who will attending this day camp (Campers, Tot Lot and Youth) Age Camper/Tot/Youth Name Age Camper/Tot/Youth Name Age Camper/Tot/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 Thurs Fri One T-shirt is provided for adults volunteering 3 - 5 days. Please circle ADULT size: Medium Large XXL Additional shirts may be purchased. YES NO No No No No Have you orked with children in a group situation? YES NO No No No Have you urked with children in a group situation? YES NO No No No Have you urked with children in a group situation? YES NO No No No Have you urken Clu/Scout Leader Training Level I Level II Exp. Date Registered Nurse? YES No If YES			
Name			
List all of your children who will attending this day camp (Campers, Tot Lot and Youth) NameAgeCamper/Tot/Youth Name Age NameAgeCamper/Tot/Youth NameAgeCamper/Tot/Youth NameAgeCamper/Tot/Youth NameAge			
Name Age Camper/Tot/Youth Name Age Camper/Tot/Youth Name Age Camper/Tot/Youth Name Age Camper/Tot/Youth Ivolunteer for all five days of Cub Day Camp YES NO	Name	Relationship	Daytime Phone ()
Name	List all of your children who will att	ending this day camp (Campe	rs. Tot Lot and Youth)
Name Age Camper/Tot/Youth Name Age Camper/Tot/Youth I volunteer for all five days of Cub Day Camp YES NO	-	• • • • •	
I volunteer for all five days of Cub Day CampYESNO	Name Age	Camper/Tot/Youth	Name Age Camper/Tot/Youth
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. YES NO Are you a registered Scouter? YES NO Have 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 CPR/First Aid Trained YES NO Hex S Child/Infant Level 1 Level 1 Exp. Date If YES Child/Infant Adult Both Exp. Date Registered Nurse? YES NO Rockall lens that apply .past or present, to your health history Annually by all participants. To be filled out by Parent or Guardian. Please print in mt. Rockall lens that apply .past or present, to your health history. Explain any "Yes" answers. StelREAL INFORMATION: Astima YES NO Diabetes YES NO Cancer/Leukemia YES NO Diabetes YES NO Cancer/Leukemia YES NO Hear quipternt, Le. wheelchair, braces, glasses, contact lenses, etc:			
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. YES NO 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 vorked with children in a group situation? YES NO Have you vorked with children in a group situation? YES NO Have you vorked with children in a group situation? YES NO Have you vorked with children in a group situation? YES NO Have you vorked a Cub Scout Day Camp? YES NO Have you CPR/First Aid Trained YES NO If YES Child/Infant Adult Both Exp. Date Registered Nurse? YES NO If YES Child/Infant Adult Both Exp. Date Registered Nurse? YES NO Sterexall Ible.codent Ins. Carrier Policy #	I volunteer for all five days of Cub D	Day Camp YES	NO
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 previously worked a Cub Scout Day Camp? YES NO Have you previously worked a Cub Scout Day Camp? YES NO Are you CPR/First Aid Trained YES NO If YES Child/Infant Adult Both Exp. Date Registered Nurse? YES NO 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 nk. Heat conditions, Insects, Plants YES NO Guardian any "Yes" answers. ALLERGIES: Food, Medicines, Insects, Plants YES NO Cancer/Leukemia YES NO Convulsions/Seizures YES NO Get at thems that apply. past or present, to your health history. Explain any "Yes" answers. HaLER	-		
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 previously worked a Cub Scout Day Camp? YES NO Have you previously worked a Cub Scout Day Camp? YES NO Are you CPR/First Aid Trained YES NO If YES Child/Infant Adult Both Exp. Date Registered Nurse? YES NO 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 nk. Heat conditions, Insects, Plants YES NO Stopd medicines, Insects, Plants YES NO Cancer/Leukemia YES NO Set REAL INFORMATION: Asthma YES NO High blood pressure YES NO Concor/Leukemia YES NO Concer/Leukemia YES NO Concer/Leukemia YES NO Sitt any medic			
Are you a registered Scouter?			Please circle ADULT size: Medium Large XL XXL
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 Are you CPR/First Aid Trained Level 1 Level II Exp. Date NO 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 nk. No Health/Acident Ins. Carrier Policy #	Additional shirts may be purchased	J.	
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 Are you CPR/First Aid Trained Level 1 Level II Exp. Date NO 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 nk. No Health/Acident Ins. Carrier Policy #			
Have you worked with children in a group situation?			
Have you taken Cub/Scout Leader Training	-		
Have you previously worked a Cub Scout Day Camp?YESNO Are you CPR/First Aid TrainedYESNO If YESStandardLevel 1Level II Exp. Date If YESChild/InfantAdultBoth Exp. DateRegistered Nurse? YESNO Class 1 Personal Health & Medical History Annually by all participants. To be filled out by Parent or Guardian. Please print in nk. Health/Accident Ins. CarrierPolicy # Check all items that apply , past or present, to your health history. Explain any "Yes" answers. ALLERGIES: Food, Medicines, Insects, Plants YES NO			
Are you CPR/First Aid TrainedYESNO If YESStandardLevel 1Level ILevel II Exp. Date If YESChild/InfantAdultBoth Exp. Date Registered Nurse? YESNO		•	
If YES Standard Level 1 Level I Exp. Date Registered Nurse? YES NO			YES NO
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 nk. 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 optimemunizations (give date of last inoculation): Tetanus toxoid Measles Polio Diphtheria Mumps Pertussis Rubella Other Immunizations (give date of last inoculation): Tetanus toxoid Measles Polio Diphtheria Mumps Pertussis Rubella Other Immunizations (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. N 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 physi	-		
Class 1 Personal Health & Medical History nk. Health/Accident Ins. CarrierPolicy #			
nk. Health/Accident Ins. CarrierPolicy #Policy #Policy #Policy #Policy #Policy #Policy #	If YES Child/Infant	AdultBoth E	xp. Date Registered Nurse? YES NO
nk. Health/Accident Ins. CarrierPolicy #Policy #Policy #Policy #Policy #Policy #Policy #			
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 List equipment, i.e. Wheelchair, braces, glasses, contact lenses, etc.:		I HIStOry An	nually by all participants. To be filled out by Parent or Guardian. Please print in
Check all items that apply , past or present, to your health history. Explain any "Yes" answers. ALLERGIES: Food, Medicines, Insects, Plants YES NO		Policy #	
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)	Check all items that apply , past or present,	, to your health history. Explain any "	Yes" answers.
Heart condition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizures YES NO Other (Explain)			
Other (Explain)			
List any medications to be taken at camp		.5 NO Diabeles 125 NO Rulley	Disease TES NO Convulsions/Seizures TES NO
List physical/behavior conditions that may affect or limit participation (swim, backpack, long distance hikes, strenuous physical game play)	List any medications to be taken at camp		
Immunizations (give date of last inoculation): Tetanus toxoidMeaslesPolioDiphtheriaMumpsPertussisRubellaOther 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:	List equipment, i.e. wheelchair, braces, gla	sses, contact lenses, etc.:	
Immunizations (give date of last inoculation): Tetanus toxoidMeaslesPolioDiphtheriaMumpsPertussisRubellaOther 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:	List physical/behavior conditions that may	affect or limit participation (swim, bac	knack long distance hikes, strenuous physical game play)
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:			
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 give my permission for full participation in	BSA programs, subject to limitation	s noted herein. In the event of illness or accident in the course of such activity.
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: &			
of medication for my child (or me, if an adult). Date: Signature of Adult/Parent/Guardian:	IN CASE OF EMERGENCY, I understand e	every effort will be made to contact m	e (if an adult, my spouse or next of kin). In the event I cannot be reached I hereby
Date: Signature of Adult/Parent/Guardian:	o i i i	,	cure proper treatment including hospitalization, anesthesia, surgery, or injections
	of medication for my child (or me, if an adu	t).	
	Date: Signature	e of Adult/Parent/Guardian:	ĸ
agree to follow all BSA Standards for adult volunteers at Day Camp. I will be at camp on the days indicated.	•.gatar		Ped.
	I agree to follow all BSA Standards	for adult volunteers at Day Ca	amp. I will be at camp on the days indicated.
			<u> </u>

Cub 2001 Registration

Session 7A - AM Pack# _____

7B - PM

Please Print	Camp Location <u>O'Neill Park</u> Camp Date <u>6/25 - 29/2001</u>
Last Name First	Home Phone ()
Rank in the fall Grade in the fall	
Email Address	
Mother's Name	Daytime Phone ()
	Daytime Phone ()
Address	
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	Davtime Phone (
Name Relationship	Daytime Phone ()
la there envene who connet pick up your shild from	
is there anyone who <u>cannot</u> pick up your child from	iuay camp?
Name(s)	
One T-Shirt is provided each camper. Additional T-Shirts can be purchased.	Please circle size: Youth-Large Adult-Small A-Medium A-Large
Places remember that PSA Comp Standards state that there MUST be a did Barent to Compare ratio	io every day. This requires that each Pack/Den provide appropriate coverage for their campers each session each day.
	ticate the day this child's parents have volunteered to participate? Yes No Days: M T
	sicate the day this child's parents have volunteered to participate? ICS INO Days. IVI I
W T F	
	Fees and Discounts
Camp Fee	
Paperwork in by Scout-O-Rama (\$10 Discount)	
I am Volunteering 3-5 days (\$10 Discount for one C	Camper)
My Unit is a Founders Unit (\$4 Discount)	
OOPS! Paperwork did not make it to the Camp Re	aistrar or Council by June 15th (\$20 Late Fee)+
	ψ_{1}
	Total Due: \$
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO	P Registrar or the Council Office.
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp	P Registrar or the Council Office.
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO	P Registrar or the Council Office.
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO	Total Due: \$ p Registrar or the Council Office. NREFUNDABLE \$40 Deposit can hold your place.
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO Class 1 Personal Health & Medical History 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	Total Due: \$ p Registrar or the Council Office. INREFUNDABLE \$40 Deposit can hold your place. Annually by all participants. To be filled out by Parent or Guardian. Please print in ink.
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO Class 1 Personal Health & Medical History Health/Accident Ins. Carrier Policy # Check all items that apply , past or present, to your health history. Explain any "Yes" answers.	Total Due: \$ p Registrar or the Council Office. NREFUNDABLE \$40 Deposit can hold your place. Annually by all participants. To be filled out by Parent or Guardian. Please print in ink. NO
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO Class 1 Personal Health & Medical History Health/Accident Ins. CarrierPolicy # 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 Heart condition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Conv Other (Explain)	Total Due: \$ p Registrar or the Council Office. NREFUNDABLE \$40 Deposit can hold your place. Annually by all participants. To be filled out by Parent or Guardian. Please print in ink. NO
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO Class 1 Personal Health & Medical History 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 Heart condition YES NO Hemophilia YES NO	Total Due: \$ p Registrar or the Council Office. NREFUNDABLE \$40 Deposit can hold your place. Annually by all participants. To be filled out by Parent or Guardian. Please print in ink. NO
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO Class 1 Personal Health & Medical History 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 Heart condition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Conv 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,	Total Due: \$ Pregistrar or the Council Office. INREFUNDABLE \$40 Deposit can hold your place. Annually by all participants. To be filled out by Parent or Guardian. Please print in ink. NO
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO Class 1 Personal Health & Medical History 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 there ondition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Conv Other (Explain) 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, Immunizations (give date of last inoculation): Tetanus toxoid Measles Polio Diphtheria	NREFUNDABLE \$40 Deposit can hold your place. Annually by all participants. To be filled out by Parent or Guardian. Please print in ink. NO rulsions/Seizures YES NO strenuous physical game play)
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO Class 1 Personal Health & Medical History 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 there ondition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Conv Other (Explain) 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, Immunizations (give date of last inoculation): Tetanus toxoid Measles Polio Diphtheria	Total Due: \$ Pregistrar or the Council Office. INREFUNDABLE \$40 Deposit can hold your place. Annually by all participants. To be filled out by Parent or Guardian. Please print in ink. NO
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO Class 1 Personal Health & Medical History 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 Heart condition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Conv Other (Explain) List equipment, i.e. wheelchair, braces, glasses, contact lenses, etc.:	NREFUNDABLE \$40 Deposit can hold your place. Annually by all participants. To be filled out by Parent or Guardian. Please print in ink. NO rulsions/Seizures YES NO strenuous physical game play)
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO Class 1 Personal Health & Medical History 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 Heart condition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Conv Other (Explain) List equipment, i.e. wheelchair, braces, glasses, contact lenses, etc.:	Total Due: \$ Pregistrar or the Council Office. INREFUNDABLE \$40 Deposit can hold your place. Annually by all participants. To be filled out by Parent or Guardian. Please print in ink. NO Innually by all participants. To be filled out by Parent or Guardian. Please print in ink. NO Innually by all participants. To be filled out by Parent or Guardian. Please print in ink. NO Innually by all participants. To be filled out by Parent or Guardian. Please print in ink. INO Innually by all participants. To be filled out by Parent or Guardian. Please print in ink. INO Innually by all participants. To be filled out by Parent or Guardian. Please print in ink. INO Innually by all participants. To be filled out by Parent or Guardian. Please print in ink. INO Innually by all participants. To be filled out by Parent or Guardian. Please print in ink. INO Innually by all participants. To be filled out by Parent or Guardian. Please print in ink. INO Innually by all participants. To be filled out by Parent or Guardian. Please print in ink. INO Innually by all participants. To be filled out by Parent or Guardian. Please print in ink. INO Innually by all participants. To be filled out by Parent or Guardian. Please print in the participants. To be filled out by Parent or Guardian. Please print in the participants.
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO Class 1 Personal Health & Medical History Health/Accident Ins. CarrierPolicy # 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 Heart condition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Conv Other (Explain)	Total Due: \$ PRegistrar or the Council Office. PNREFUNDABLE \$40 Deposit can hold your place. Annually by all participants. To be filled out by Parent or Guardian. Please print in ink. NO rulsions/Seizures YES NO strenuous physical game play)
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO Class 1 Personal Health & Medical History 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 Heart condition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Conv Other (Explain)	Total Due: \$ PRegistrar or the Council Office. PNREFUNDABLE \$40 Deposit can hold your place. Annually by all participants. To be filled out by Parent or Guardian. Please print in ink. NO rulsions/Seizures YES NO strenuous physical game play)
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO Class 1 Personal Health & Medical History 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 Heart condition YES NO Hemophilia YES NO Jist any medications to be taken at camp	Total Due: \$ PRegistrar or the Council Office. PNREFUNDABLE \$40 Deposit can hold your place. Annually by all participants. To be filled out by Parent or Guardian. Please print in ink. NO rulsions/Seizures YES NO strenuous physical game play)
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO Class 1 Personal Health & Medical History 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 Heart condition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Conv 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, Immunizations (give date of last inoculation): Tetanus toxoid Measles Polio Diphtheria M I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event medical personnel dictates. IN CASE OF EMERGENCY, I understand every effort will be made to contact me (if an adult, my spouse o charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication Date: Signature of Adult/Parent// California Penal Code Section 12552 Furnishing firearms to Minors under 18 without permission of parent	Total Due: \$ Pregistrar or the Council Office. PREFUNDABLE \$40 Deposit can hold your place. Annually by all participants. To be filled out by Parent or Guardian. Please print in ink. NO
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO Class 1 Personal Health & Medical History 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 Heart condition YES NO Hemophilia YES NO	Total Due: \$ p Registrar or the Council Office. INREFUNDABLE \$40 Deposit can hold your place. Annually by all participants. To be filled out by Parent or Guardian. Please print in ink. NO "NO "ulsions/Seizures YES NO "strenuous physical game play) "to of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of 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 on for my child (or me, if an adult). Guardian: L Every person who furnishes any firearm, air gun or gas operated gun, designed to fire a bullet, pellet, or metal projectile, ardian of the minor, is guilty of a misdemeanor. I give my permission for the above child to use a firearm as described above.
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO Class 1 Personal Health & Medical History Health/Accident Ins. CarrierPolicy # 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 Heart condition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Conv Other (Explain)	Total Due: \$ p Registrar or the Council Office. NREFUNDABLE \$40 Deposit can hold your place. Annually by all participants. To be filled out by Parent or Guardian. Please print in ink. NO rulsions/Seizures YES NO strenuous physical game play)
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO Class 1 Personal Health & Medical History Health/Accident Ins. CarrierPolicy # 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 Heart condition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Conv Other (Explain) List any medications to be taken at camp List equipment, i.e. wheelchair, braces, glasses, contact lenses, etc.:	Total Due: \$ p Registrar or the Council Office. NREFUNDABLE \$40 Deposit can hold your place. Annually by all participants. To be filled out by Parent or Guardian. Please print in ink. NO rulsions/Seizures YES NO strenuous physical game play) generating and plane play. strenuous physical game play. to fillness or accident in the course of such activity, I request that measures be instituted without delay as judgment of 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 on for my child (or me, if an adult). Guardian: L Every person who furnishes any firearm, air gun or gas operated gun, designed to fire a bullet, pellet, or metal projectile, ardian of the minor, is guilty of a misdemeanor. I give my permission for the above child to use a firearm as described above. ase circle and sign.) ardian:
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO Class 1 Personal Health & Medical History Health/Accident Ins. CarrierPolicy # 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 Heart condition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Conv Other (Explain)	Total Due: \$ p Registrar or the Council Office. NREFUNDABLE \$40 Deposit can hold your place. Annually by all participants. To be filled out by Parent or Guardian. Please print in ink. NO rulsions/Seizures YES NO strenuous physical game play) generating and plane play. strenuous physical game play. to fillness or accident in the course of such activity, I request that measures be instituted without delay as judgment of 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 on for my child (or me, if an adult). Guardian: L Every person who furnishes any firearm, air gun or gas operated gun, designed to fire a bullet, pellet, or metal projectile, ardian of the minor, is guilty of a misdemeanor. I give my permission for the above child to use a firearm as described above. ase circle and sign.) ardian:
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO Class 1 Personal Health & Medical History Health/Accident Ins. Carrier Policy # Check all items that apply, past or present, to your health history. Explain any "Yes" answers. ALLERGES: Food, Medicines, Insects, Plants YES NO GENERAL INFORMATION: Asthma YES NO High blood pressure YES NO Cancer/Leukemia YES Heart condition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Conv Other (Explain) List equipment, i.e. wheelchair, braces, glasses, contact lenses, etc::	Total Due: \$ p Registrar or the Council Office. INREFUNDABLE \$40 Deposit can hold your place. Annually by all participants. To be filled out by Parent or Guardian. Please print in ink. NO
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Campership form turned into Council on For consideration. A NO Class 1 Personal Health & Medical History Health/Accident Ins. CarrierPolicy # 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 Heart condition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Conv Other (Explain) List any medications to be taken at camp List equipment, i.e. wheelchair, braces, glasses, contact lenses, etc.:	Total Due: \$ p Registrar or the Council Office. NREFUNDABLE \$40 Deposit can hold your place. Annually by all participants. To be filled out by Parent or Guardian. Please print in ink. NO rulsions/Seizures YES NO strenuous physical game play) generating and plane play. strenuous physical game play. to fillness or accident in the course of such activity, I request that measures be instituted without delay as judgment of 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 on for my child (or me, if an adult). Guardian: L Every person who furnishes any firearm, air gun or gas operated gun, designed to fire a bullet, pellet, or metal projectile, ardian of the minor, is guilty of a misdemeanor. I give my permission for the above child to use a firearm as described above. ase circle and sign.) ardian:

Tot Lot 2001 Registration

Session 7A - AM Pack#

7B - PM

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

Parents who volunteer to work at Day Camp may register their preschool children (3-10 years of age and potty trained) in the Tot Lot Unit which will be held on site during Day Camp hours. Parents are only allowed to use these child care arrangements while they are working at Day Camp. The Tot Lot is closed at meal times. NOTE: To enroll your child in the Tot Lot, you must volunteer one hour in the Tot Lot on each day your child is enrolled.

Please fill out one form per child enrolled in Tot Lot.

Please Print								
Last Name	First		Home Pl	hone ()			
Email Address								
				Dayt	ime Pho	one ()	
)	
							-	
needed.	annot be reached, in an emergency wh							
Name	Relationshi	p	Da	ytime Pho	one()			
Name	Relationshi	p	Da	ytime Pho	one()			
	cannot pick up your child f							
Name(s)								
Tot Camper Informa	ation Birth date	_ Age	Se	x: Female	Male	Э		
	in the Tot Lot: Mon			Thurs				
Days parents will be	volunteering in camp:	Mon	Tues	Wed	Thurs	Fri		
Class 1 Personal He	alth & Medical History Annu	ally by all pa	articipants. To	o be filled ou	it by Parent	or Guard	lian. Please	print in ink.
Check all items that apply	r, past or present, to your health hi	Policy # _ storv. Expla	in anv "Yes"	answers.				
ALLERGIES: Food, Medic	ines, Insects, Plants YES NO							
Heart condition YES NO	I: Asthma YES NO High blood p Hemophilia YES NO Diabetes	YES NO K	(idney Disea	se YES NC	Convulsio			
List any medications to be	taken at camp							
List equipment, i.e. wheeld	chair, braces, glasses, contact ler	nses, etc.:						
	ditions that may affect or limit part of last inoculation): Tetanus toxoic							ame play)
	Il participation in BSA programs, s equest that measures be instituted							in the
be reached I hereby give n	Y, I understand every effort will be ny permission to the physician sel n, surgery, or injections of medicat	ected by the	adult leader	r in charge to				
Date:	Signature of Adult/Parent/	Guardian	:					×
I give my permission for th	is child to participate in the tot lot	and I will vo	lunteer a mir	nimum of on	e hour in the	Tot Lot	on the days	my child is
present.	Cignoture of Adult/Demand							
Date:	Signature of Adult/Parent/	Guardian	•					- A

Webelos 2001 Registration

			7D - PM
Camp Location	O'Neill Park	Camp Date	6/25 - 29/2001

		Camp Location ONelli Faik	Camp Date <u>6/25 - 29/2001</u>
Last Name			
First			
Home Phone ()			
Rank in the fall	Grade in the fall		
Mother's Name		Davtime Phone (
Father's Name		Davtime Phone ()	
	ched, in an emergency who else should be notified? This must be a local perso		
Name	Relationship	Daytime Phone ()	
Name	Relationship	Daytime Phone ()	
	not pick up your child from day camp?		
	<u></u>		
One T-Shirt is provided each campo	per. Additional T-Shirts can be purchased.	Please circle size: Youth-	Large Adult-Small A-Medium A-Large
one i onir is provided each earlier	er. Additional i onnis can be purchased.		
Please remember that BSA Camp Stand	dards state that there MUST be a 4:1 Parent to Camper ratio every day.	This requires that each Pack/Den provide appropriate covera	are for their campers each session each day
	volunteer at least one day per child attending camp. Please indicate the day		· · · · · · · · · · · · · · · · · · ·
T F	volunteer at least one day per child attending camp. Please indicate the day		No Days. In I W
	Camp Fees and		• • •
Paperwork in by Scout-C	D-Rama (\$10 Discount)		-
I am Volunteering 3-5 da	ays (\$10 Discount for one Camper)		-
	nit (\$4 Discount)		
	ot make it to the Camp Registrar or Council		
Discos Do Not and it as sisterations of	after have 45th Turn there is disastly to the Osma Davida	Total Due: \$	
	after June 15th, Turn them in directly to the Camp Registrar ncil on For consideration. A NONREFUNI		
Close 1 Deresnel Liselth	9 Madiaal Lliston		
Class 1 Personal Health Health/Accident Ins. Carrier	A MEDICAL HISTORY Policy#	Annually by all participants. To be filled	
		A maany by an participanto. To be mea	out by Parent or Guardian. Please print in ink.
Uneck all items that apply , past or present, t	to your health history. Explain any "Yes" answers.		out by Parent or Guardian. Please print in ink.
ALLERGIES Food Medicines Insects Pla	to your health history. Explain any "Yes" answers.	runnaany by an pantopanto. To bo mou	out by Parent or Guardian. Please print in ink.
ALLERGIES: Food, Medicines, Insects, Plan GENERAL INFORMATION: Asthma YES	to your health history. Explain any "Yes" answers. ants YES NO & NO High blood pressure YES NO Cancer/Leukemia YES NO		out by Parent or Guardian. Please print in ink.
ALLERGIES: Food, Medicines, Insects, Plat GENERAL INFORMATION: Asthma YES Heart condition YES NO Hemophilia YES Other (Explain)	to your health history. Explain any "Yes" answers.		out by Parent or Guardian. Please print in ink.
ALLERGIES: Food, Medicines, Insects, Pla GENERAL INFORMATION: Asthma YES Heart condition YES NO Hemophilia YES Other (Explain) List any medications to be taken at camp	to your health history. Explain any "Yes" answers. ants YES NO & NO High blood pressure YES NO Cancer/Leukemia YES NO S NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizu		out by Parent or Guardian. Please print in ink.
ALLERGIES: Food, Medicines, Insects, Pla GENERAL INFORMATION: Asthma YES Heart condition YES NO Hemophilia YES Other (Explain) List any medications to be taken at camp	to your health history. Explain any "Yes" answers. ants YES NO & NO High blood pressure YES NO Cancer/Leukemia YES NO		out by Parent or Guardian. Please print in ink.
ALLERGIES: Food, Medicines, Insects, Pla GENERAL INFORMATION: Asthma YES Heart condition YES NO Hemophilia YES Other (Explain) List any medications to be taken at camp List equipment, i.e. wheelchair, braces, glas List physical/behavior conditions that may af	to your health history. Explain any "Yes" answers. ants YES NO & NO High blood pressure YES NO Cancer/Leukemia YES NO S NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizu sses, contact lenses, etc.: affect or limit participation (swim, backpack, long distance hikes, strenuous pr	res YES NO	out by Parent or Guardian. Please print in ink.
ALLERGIES: Food, Medicines, Insects, Pla GENERAL INFORMATION: Asthma YES Heart condition YES NO Hemophilia YES Other (Explain) List any medications to be taken at camp List equipment, i.e. wheelchair, braces, glas List physical/behavior conditions that may af Immunizations (give date of last inoculation)	to your health history. Explain any "Yes" answers. ants YES NO S NO High blood pressure YES NO Cancer/Leukemia YES NO S NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizu sses, contact lenses, etc.: affect or limit participation (swim, backpack, long distance hikes, strenuous pr): Tetanus toxoidMeaslesPolioDiphtheriaMumpsPe	res YES NOysical game play)	
ALLERGIES: Food, Medicines, Insects, Pla GENERAL INFORMATION: Asthma YES Heart condition YES NO Hemophilia YES Other (Explain) List any medications to be taken at camp List equipment, i.e. wheelchair, braces, glas List physical/behavior conditions that may af Immunizations (give date of last inoculation) I give my permission for full participation in E	to your health history. Explain any "Yes" answers. ants YES NO & NO High blood pressure YES NO Cancer/Leukemia YES NO S NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizu sses, contact lenses, etc.: affect or limit participation (swim, backpack, long distance hikes, strenuous pr	res YES NOysical game play)	
ALLERGIES: Food, Medicines, Insects, Pla GENERAL INFORMATION: Asthma YES Heart condition YES NO Hemophilia YES Other (Explain) List any medications to be taken at camp List equipment, i.e. wheelchair, braces, glas List physical/behavior conditions that may af Immunizations (give date of last inoculation) I give my permission for full participation in E medical personnel dictates.	to your health history. Explain any "Yes" answers. ants YES NO S NO High blood pressure YES NO Cancer/Leukemia YES NO S NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizu sees, contact lenses, etc.:	res YES NO	be instituted without delay as judgment of
ALLERGIES: Food, Medicines, Insects, Pla GENERAL INFORMATION: Asthma YES Heart condition YES NO Hemophilia YES Other (Explain) List any medications to be taken at camp List equipment, i.e. wheelchair, braces, glas List physical/behavior conditions that may af Immunizations (give date of last inoculation) I give my permission for full participation in E medical personnel dictates. IN CASE OF EMERGENCY, I understand ev	to your health history. Explain any "Yes" answers. ants YES NO S NO High blood pressure YES NO Cancer/Leukemia YES NO S NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizu sees, contact lenses, etc.: iffect or limit participation (swim, backpack, long distance hikes, strenuous pr): Tetanus toxoid Measles Polio Diphtheria Mumps Pe BSA programs, subject to limitations noted herein. In the event of illness or a every effort will be made to contact me (if an adult, my spouse or next of kin).	res YES NO	be instituted without delay as judgment of
ALLERGIES: Food, Medicines, Insects, Pla GENERAL INFORMATION: Asthma YES Heart condition YES NO Hemophilia YES Other (Explain) List any medications to be taken at camp List equipment, i.e. wheelchair, braces, glas List physical/behavior conditions that may af Immunizations (give date of last inoculation) I give my permission for full participation in E medical personnel dictates. IN CASE OF EMERGENCY, I understand ev	to your health history. Explain any "Yes" answers. ants YES NO S NO High blood pressure YES NO Cancer/Leukemia YES NO S NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizu sees, contact lenses, etc.:	res YES NO	be instituted without delay as judgment of
ALLERGIES: Food, Medicines, Insects, Pla GENERAL INFORMATION: Asthma YES Heart condition YES NO Hemophilia YES Other (Explain) List any medications to be taken at camp List equipment, i.e. wheelchair, braces, glas List physical/behavior conditions that may af Immunizations (give date of last inoculation) I give my permission for full participation in E medical personnel dictates. IN CASE OF EMERGENCY, I understand ev charge to secure proper treatment including	to your health history. Explain any "Yes" answers. ants YES NO	res YES NO	be instituted without delay as judgment of o the physician selected by the adult leader in
ALLERGIES: Food, Medicines, Insects, Pla GENERAL INFORMATION: Asthma YES Heart condition YES NO Hemophilia YES Other (Explain) List any medications to be taken at camp List equipment, i.e. wheelchair, braces, glas List physical/behavior conditions that may af Immunizations (give date of last inoculation) I give my permission for full participation in E medical personnel dictates. IN CASE OF EMERGENCY, I understand ev charge to secure proper treatment including	to your health history. Explain any "Yes" answers. ants YES NO S NO High blood pressure YES NO Cancer/Leukemia YES NO S NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizu sees, contact lenses, etc.: iffect or limit participation (swim, backpack, long distance hikes, strenuous pr): Tetanus toxoid Measles Polio Diphtheria Mumps Pe BSA programs, subject to limitations noted herein. In the event of illness or a every effort will be made to contact me (if an adult, my spouse or next of kin).	res YES NO	be instituted without delay as judgment of o the physician selected by the adult leader in
ALLERGIES: Food, Medicines, Insects, Pla GENERAL INFORMATION: Asthma YES Heart condition YES NO Hemophilia YES Other (Explain) List any medications to be taken at camp List equipment, i.e. wheelchair, braces, glas List physical/behavior conditions that may af Immunizations (give date of last inoculation) I give my permission for full participation in E medical personnel dictates. IN CASE OF EMERGENCY, I understand et charge to secure proper treatment including Date: California Penal Code Section 12552 Furnis	to your health history. Explain any "Yes" answers. ants YES NO	res YES NO ysical game play) rtussis Rubella Other rcucident in the course of such activity, I request that measures In the event I cannot be reached I hereby give my permission to d (or me, if an adult). on who furnishes any firearm, air gun or gas operated gun, dee	be instituted without delay as judgment of o the physician selected by the adult leader in
ALLERGIES: Food, Medicines, Insects, Pla GENERAL INFORMATION: Asthma YES Heart condition YES NO Hemophilia YES Other (Explain) List any medications to be taken at camp List equipment, i.e. wheelchair, braces, glas List physical/behavior conditions that may af Immunizations (give date of last inoculation) I give my permission for full participation in E medical personnel dictates. IN CASE OF EMERGENCY, I understand et charge to secure proper treatment including Date: California Penal Code Section 12552 Furnis	to your health history. Explain any "Yes" answers. ants YES NO \$ NO High blood pressure YES NO Cancer/Leukemia YES NO \$ NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizu sees, contact lenses, etc.: affect or limit participation (swim, backpack, long distance hikes, strenuous ph 1): Tetanus toxoid Measles Polio Diphtheria Mumps Pe BSA programs, subject to limitations noted herein. In the event of illness or a every effort will be made to contact me (if an adult, my spouse or next of kin). g hospitalization, anesthesia, surgery, or injections of medication for my chil Signature of Adult/Parent/Guardian:	res YES NO ysical game play) rtussis Rubella Other rcucident in the course of such activity, I request that measures In the event I cannot be reached I hereby give my permission to d (or me, if an adult). on who furnishes any firearm, air gun or gas operated gun, dee	be instituted without delay as judgment of o the physician selected by the adult leader in
ALLERGIES: Food, Medicines, Insects, Pla GENERAL INFORMATION: Asthma YES Heart condition YES NO Hemophilia YES Other (Explain) List any medications to be taken at camp List equipment, i.e. wheelchair, braces, glas List physical/behavior conditions that may af Immunizations (give date of last inoculation) I give my permission for full participation in E medical personnel dictates. IN CASE OF EMERGENCY, I understand et charge to secure proper treatment including Date: California Penal Code Section 12552 Furnis to any minor under the age of 18 years, witho	to your health history. Explain any "Yes" answers. ants YES NO	res YES NO ysical game play) rtussis Rubella Other rcucident in the course of such activity, I request that measures In the event I cannot be reached I hereby give my permission to d (or me, if an adult). on who furnishes any firearm, air gun or gas operated gun, dee ninor, is guilty of a misdemeanor. I give my permission for the a	be instituted without delay as judgment of o the physician selected by the adult leader in
ALLERGIES: Food, Medicines, Insects, Pla GENERAL INFORMATION: Asthma YES Heart condition YES NO Hemophilia YES Other (Explain) List any medications to be taken at camp List equipment, i.e. wheelchair, braces, glas List physical/behavior conditions that may af Immunizations (give date of last inoculation) I give my permission for full participation in E medical personnel dictates. IN CASE OF EMERGENCY, I understand en charge to secure proper treatment including Date: California Penal Code Section 12552 Furnis to any minor under the age of 18 years, without I give my permission for this child to participation	to your health history. Explain any "Yes" answers. ants YES NO S NO High blood pressure YES NO Cancer/Leukemia YES NO S NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizu sees, contact lenses, etc.:	res YES NO	be instituted without delay as judgment of o the physician selected by the adult leader in signed to fire a bullet, pellet, or metal projectile, above child to use a firearm as described above.
ALLERGIES: Food, Medicines, Insects, Pla GENERAL INFORMATION: Asthma YES Heart condition YES NO Hemophilia YES Other (Explain) List any medications to be taken at camp List equipment, i.e. wheelchair, braces, glas List physical/behavior conditions that may af Immunizations (give date of last inoculation) I give my permission for full participation in E medical personnel dictates. IN CASE OF EMERGENCY, I understand et charge to secure proper treatment including Date: California Penal Code Section 12552 Furnis to any minor under the age of 18 years, without I give my permission for this child to participe Archery: YES NO S	to your health history. Explain any "Yes" answers. ants YES NO S NO High blood pressure YES NO Cancer/Leukemia YES NO S NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizu sees, contact lenses, etc.:	res YES NO ysical game play)	be instituted without delay as judgment of o the physician selected by the adult leader in signed to fire a bullet, pellet, or metal projectile, above child to use a firearm as described above.
ALLERGIES: Food, Medicines, Insects, Pla GENERAL INFORMATION: Asthma YES Heart condition YES NO Hemophilia YES Other (Explain) List any medications to be taken at camp List equipment, i.e. wheelchair, braces, glas List physical/behavior conditions that may af Immunizations (give date of last inoculation) I give my permission for full participation in E medical personnel dictates. IN CASE OF EMERGENCY, I understand et charge to secure proper treatment including Date: California Penal Code Section 12552 Furnis to any minor under the age of 18 years, without I give my permission for this child to participe Archery: YES NO S	to your health history. Explain any "Yes" answers. ants YES NO S NO High blood pressure YES NO Cancer/Leukemia YES NO S NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizu sees, contact lenses, etc.:	res YES NO ysical game play)	be instituted without delay as judgment of o the physician selected by the adult leader in signed to fire a bullet, pellet, or metal projectile, above child to use a firearm as described above.
ALLERGIES: Food, Medicines, Insects, Pla GENERAL INFORMATION: Asthma YES Heart condition YES NO Hemophilia YES Other (Explain) List any medications to be taken at camp List equipment, i.e. wheelchair, braces, glas List physical/behavior conditions that may af Immunizations (give date of last inoculation) I give my permission for full participation in E medical personnel dictates. IN CASE OF EMERGENCY, I understand et charge to secure proper treatment including Date: California Penal Code Section 12552 Furnis to any minor under the age of 18 years, without I give my permission for this child to participe Archery: YES NO S	to your health history. Explain any "Yes" answers. ants YES NO S NO High blood pressure YES NO Cancer/Leukemia YES NO S NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizu sees, contact lenses, etc.:	res YES NO ysical game play)	be instituted without delay as judgment of o the physician selected by the adult leader in signed to fire a bullet, pellet, or metal projectile, above child to use a firearm as described above.
ALLERGIES: Food, Medicines, Insects, Pla GENERAL INFORMATION: Asthma YES Heart condition YES NO Hemophilia YES Other (Explain) List any medications to be taken at camp List equipment, i.e. wheelchair, braces, glas List physical/behavior conditions that may af Immunizations (give date of last inoculation) I give my permission for full participation in E medical personnel dictates. IN CASE OF EMERGENCY, I understand et charge to secure proper treatment including Date: California Penal Code Section 12552 Furnis to any minor under the age of 18 years, witho I give my permission for this child to particip Archery: YES NO S BB Guns: YES NO S	to your health history. Explain any "Yes" answers. ants YES NO S NO High blood pressure YES NO Cancer/Leukemia YES NO S NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizu sees, contact lenses, etc.:	res YES NO ysical game play)	be instituted without delay as judgment of o the physician selected by the adult leader in signed to fire a bullet, pellet, or metal projectile, above child to use a firearm as described above. <u>K</u> <u>K</u> <u>K</u>
ALLERGIES: Food, Medicines, Insects, Pla GENERAL INFORMATION: Asthma YES Heart condition YES NO Hemophilia YES Other (Explain) List any medications to be taken at camp List equipment, i.e. wheelchair, braces, glas List physical/behavior conditions that may af Immunizations (give date of last inoculation) I give my permission for full participation in E medical personnel dictates. IN CASE OF EMERGENCY, I understand et charge to secure proper treatment including Date: California Penal Code Section 12552 Furnis to any minor under the age of 18 years, without I give my permission for this child to participe Archery: YES NO S BB Guns: YES NO S Dtffice Use only Check #Nam Medical Form filled out: YESNO Registe	to your health history. Explain any "Yes" answers. ants YES NO S NO High blood pressure YES NO Cancer/Leukemia YES NO S NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizu sees, contact lenses, etc.:	res YES NO ysical game play)	be instituted without delay as judgment of o the physician selected by the adult leader in signed to fire a bullet, pellet, or metal projectile, above child to use a firearm as described above.

Youth Volunteer 2001 Registration

Session 7A - AM Pack#

	•	7B - PM Troop#
Please Print		Camp Location <u>O'Neill Park</u> Camp Date <u>6/25 - 29/2001</u>
Last Name	First	Home Phone ()
Email Address		
		Daytime Phone ()
Father's Name		Daytime Phone ()
Address		
		ified? This must be a local person who can pick the camper up if needed.
Name	Relationship	Daytime Phone() Daytime Phone()
Is there anyone who <u>cannot</u> pick		
Name(s)		
Youth Information Birth date	Age Grade	in Fall BSA/GSA Rank BSA/GSA Troop#
		n the essential functions of the job for which you are applying with
or without reasonable accommod		
Have you worked with children in	a droup situation?	Yes No
Have you previously worked a Cu	h Scout Day Camp?	
Please indicate your activity pref	· ·	
		NatureDen ChiefAquaticsWood Crafts
	v	
Special Skills or Talents		
One T-Shirt is provided youth Volunteeri	ng 3-5 days. Additional T-Shirts can be	purchased. Please circle size: Youth-Large Adult-Small A-Medium A-Large
I volunteer for all five days of Cub	Day Camp	YES NO
If NO, I can work the following Da		Thurs Fri
		np on the days indicated and I understand that my Day Camp
Assignment will be rotated. I will		
Date: Signatu	re of Youth Volunteer:	Ľ
Class 1 Personal Health & Medic Health/Accident Ins. Carrier	,	Annually by all participants. To be filled out by Parent or Guardian. Please print in ink.
Health/Accident Ins. Carrier Check all items that apply , past or present, to your health	history. Explain any "Yes" answers.	
ALLERGIES: Food, Medicines, Insects, Plants YES N GENERAL INFORMATION: Asthma YES NO High blo		
Heart condition YES NO Hemophilia YES NO Diab		/Seizures YES NO
Other (Explain) List any medications to be taken at camp		
List equipment, i.e. wheel chair, braces, glasses, contact l	enses, etc.:	
List physical/behavior conditions that may affect or limit pa Immunizations (give date of last inoculation): Tetanus tox	urticipation (swim, backpack, long distance hikes, strenu- oid Measles Polio Diphtheria Mumps	pus physical game play) Pertussis Rubella Other
		ess or accident in the course of such activity, I request that
measures be instituted without delay as judgment of medi		
IN CASE OF EMERGENCY, I understand every effort will permission to the physician selected by the adult leader in		kin). In the event I cannot be reached I hereby give my ation, anesthesia, surgery, or injections of medication for my child (or me, if an adult).
Date: Signatu	re of Adult/Parent/Guardian:	<u>K</u>
		r person who furnishes any firearm, air gun or gas operated gun, designed to fire a bullet, pellet, or metal projectile, 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 follo		•
		<u>K</u>
	e of Adult/Parent/Guardian:	
Youth Volunteers must be 11 yea	ars old or entering 6th grade in S	September 2001. Boys and Girls are WELCOME.

Pack Coo	rdinator	2001 – Adult Volun	Phone # ()	7B - PM Cubs / 7D - PM Webe	elos
Adult to C	ompor	1:4 coverage? YES NO		dults volunteering 3-5 days get a \$10 discount for one camper and a free T-S	
Addit to C	Office Use Only	Adult Volunteer	Phone #	Days Num of T-Shirt Size Volunteering Days Adult	init
		1		M T W TH F SMLXLXXL	
		2		M T W TH F SMLXLXXL	
		3		M T W TH F SMLXLXXL	
		4		M T W TH F SMLXLXXL	
		5		M T W TH F SMLXLXXL	
		6		M T W TH F SMLXLXXL	
		7		M T W TH F SMLXLXXL	
		8		M T W TH F SMLXLXXL	
		9		M T W TH F SMLXLXXL	
		10		M T W TH F SMLXLXXL	
		11		M T W TH F SMLXLXXL	
		12		M T W TH F SMLXLXXL	
		13		M T W TH F SMLXLXXL	
		14		M T W TH F SMLXLXXL	
		15		M T W TH F SMLXLXXL	
		16		M T W TH F SMLXLXXL	
		17		M T W TH F SMLXLXXL	
		18		M T W TH F SMLXLXXL	

Each Pack MUST provide one adult for every four campers attending camp every session every day. 5 campers means 2 adults.

Please help us provide the BEST experience for every Cub, we must have the proper adult coverage to do this. Orange County Council BSA offers the finest 100% Volunteer Day Camp in the country Thanks to you.

Day Camp 2001 – Cub Scout Roster

Pack Coordinator _____ Phone # () _____ Email Address

Session # 7A - AM / 7B - PM

Adult	Coverage 1 to 4 Ratio	each session? Yes	s / No		Founder's Unit: Yes / No				Camp Location: <u>O'Neill Park</u>				
Office Use Only	Camper's Name	Phone #	Rank (As of 9/01)	T-Shirt Size	Adult Volunteer	# Adult Days	Camp Fee	Deposit	Balance Due	Balance Paid	Date Paid		
	1		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60						
	2		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60						
	3		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60						
	4		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60						
	5		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60						
	6		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60						
	7		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60						
	8		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60						
	9		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60						
	10		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60						
	11		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60						
	12		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60						
	13		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60						
	14		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60						
	15		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60						
	16		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60						
	17		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60						
	18		Wolf Bear	YL AS AM AL			\$100 \$80 \$70 \$60						

District Saddleback

Camp Fees and Discounts:

1. Discount \$4 for Units earning Founder's Award, (no restrictions on date turned into Council Office).

2. Discount \$10 if Parent is Volunteering 3 or more days, (no restrictions on date turned into Council Office).

3. Discount \$10 if completed paperwork is turned into Council before Scout-O-Rama, (May 12, 2001).

4. Late Fee \$20 if completed paperwork is turned in after June 15th.

Date Received

2/22/01 CUB ROSTER 004.WPD

Balance Due _____

Date Paid IN FULL

Camp Date: 6/25 - 29/2001

Amount Received

Day	/ Camp 2001	1 — Tot Lot F	Roster			Pack #	£
Pack Co	ordinator ddress	Phone #	()	Session # 7A	- AM		7B - PN
	uiess		District Saddleback	Camp Location <u>O'Neil</u>	Il Park Camp	Date: <u>6/2</u>	
Office Use Only	Camper's Name	Phone #	Adult Volunteer	# Adult Days	Camp Days	Num Days	Male or Female
	1				MTWTHF		
	2				M T W TH F		
	3				M T W TH F		
	4				M T W TH F		
	5				M T W TH F		
	6				M T W TH F		
	7				MTWTHF		
	8				M T W TH F		
	9				MTWTHF		
	10				MTWTHF		
	11				MTWTHF		
	12				MTWTHF		
	13				MTWTHF		
	14				M T W TH F		
	15				M T W TH F		
	16				M T W TH F		
	17				MTWTHF		
	18				M T W TH F		
	19				M T W TH F		

TOT LOT FEES:

1: 45 Minutes of service by the parent in the Tot Lot each day.

2: The Tot Lot is available to Volunteering Parents only on the day volunteered to work in Camp.

Pack Coordinator
Email Address

7D - PM

Pack #

Camp Date: 6/25 - 29/2001

Adult	Coverage 1 to 4 Ratio eac	h session? Yes / No	0		Saddleback_ Jnit: Yes / No					<u>6/25 - 29</u> n: <u>O'Nei</u>	
Office Use Only	Camper's Name	Phone #	Rank (As of 9/01)	T-Shirt Size	Adult Volunteer	# Adult Days	Camp Fee	Deposit	Balance Due	Balance Paid	Date Paid
	1		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	2		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	3		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	4		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	5		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	6		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	7		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	8		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	9		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	10		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	11		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	12		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	13		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	14		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	15		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	16		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	17		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				
	18		W1 W2	YL AS AM AL			\$100 \$80 \$70 \$60				

District Saddleback

Camp Fees and Discounts:

1. Discount \$4 for Units earning Founder's Award, (no restrictions on date turned into Council Office).

2. Discount \$10 if Parent is Volunteering 3 or more days, (no restrictions on date turned into Council Office).

3. Discount \$10 if completed paperwork is turned into Council before Scout-O-Rama, (May 12, 2001).

4. Late Fee \$20 if completed paperwork is turned in after June 15th.

Amount Received _ Date Received

	y Camp 2001						Unit #
Email A	oordinator ddress		#()_	District Saddleback	Session # 7A - AM Camp Location: <u>O'Neill Park</u>	Camp	7B - Pl Date: <u>6/25 - 29/200</u>
Office Use Only	Youth Volunteer	Rank	Grade in Fall	Phone #	Days Volunteering	Num of Days	T-Shirt Size Adult
	1				M T W TH F		S M L XL XXL
	2				M T W TH F		S M L XL XXL
	3				M T W TH F		S M L XL XXL
	4				M T W TH F		S M L XL XXL
	5				M T W TH F		S M L XL XXL
	6				M T W TH F		S M L XL XXL
	7				M T W TH F		S M L XL XXL
	8				M T W TH F		S M L XL XXL
	9				M T W TH F		S M L XL XXL
	10				M T W TH F		S M L XL XXL
	11				M T W TH F		S M L XL XXL
	12				M T W TH F		S M L XL XXL
	13				M T W TH F		S M L XL XXL
	14				M T W TH F		S M L XL XXL
	15				M T W TH F		S M L XL XXL
	16				M T W TH F		S M L XL XXL
	17				M T W TH F		S M L XL XXL
	18				M T W TH F		S M L XL XXL
	19				M T W TH F		S M L XL XXL

Youth Volunteers must be 11 years old or entering 6th grade in September 2001. Boys and Girls are WELCOME.