

Cub 2001 Registration

Session 7A - AM Pack# _____

7B - PM

Please Print

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

Last Name _____ First _____ Home Phone () _____

Rank in the fall _____ Grade in the fall _____

Email Address _____

Mother's Name _____ Daytime Phone () _____

Father's Name _____ 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 _____ Daytime Phone () _____

Name _____ Relationship _____ Daytime Phone () _____

Is there anyone who **cannot** pick up your child from day 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

Please remember that BSA Camp Standards state that there **MUST** be a 4:1 Parent to Camper ratio every day. This requires that each Pack/Den provide appropriate coverage for their campers each session each day.

Many Packs/Dens require that each parent volunteer at least one day per child attending camp. Please indicate the day this child's parents have volunteered to participate? Yes No Days: M T

W T F

Camp Fees and Discounts

Camp Fee \$80

Paperwork in by Scout-O-Rama (\$10 Discount) -

I am Volunteering 3-5 days (\$10 Discount for one Camper) -

My Unit is a Founders Unit (\$4 Discount) -

OOPS! Paperwork did not make it to the Camp Registrar or Council by June 15th (\$20 Late Fee)+

Total Due: \$Please **Do Not** mail registrations after June 15th, Turn them in directly to the Camp Registrar or the Council Office.Campership form turned into Council on _____ For consideration. A **NONREFUNDABLE** \$40 Deposit can hold your place.

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: _____

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 his Day Camp (please circle and sign.)

Archery: YES NO Signature of Adult/Parent/Guardian: _____

BB Guns: YES NO Signature of Adult/Parent/Guardian: _____

Office Use only Check # _____ Name on Check _____ Date _____

Medical Form filled out: YES NO Registered BSA member: YES NO

Circle All That Apply: Deposit Paid in Full Payment Multiple payments (Other Campers paid on the check) _____

Amount Paid: \$
Amount Owed: \$