

Youth Volunteer 2001 Registration

Session 7A - AM Pack#

7B - PM Troop#

Please Print

Camp Location O'Neill Park Camp Date 6/25 - 29/2001
Last Name _____ First _____ Home Phone () _____
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) _____

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| Youth Information Birth date _____ Age _____ Grade in Fall _____ BSA/GSA Rank _____ BSA/GSA Troop# _____ Do you know of any reason why you should not be able to perform the essential functions of the job for which you are applying with or without reasonable accommodations? _____ Yes _____ No If YES, what accommodations might be necessary? _____ Have you worked with children in a group situation? _____ Yes _____ No Have you previously worked a Cub Scout Day Camp? _____ Yes _____ No Please indicate your activity preferences – List first (1) through last. _____ Games _____ Crafts _____ Outdoor Cooking _____ Sports _____ Nature _____ Den Chief _____ Aquatics _____ Wood Crafts Special Skills or Talents _____ |
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One T-Shirt is provided youth Volunteering 3-5 days. Additional T-Shirts can be purchased. Please circle size: Youth-Large Adult-Small A-Medium A-Large

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| 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 I agree to follow all BSA Standards for Day Camp. I will be at camp on the days indicated and I understand that my Day Camp Assignment will be rotated. I will volunteer in all camp areas to the best of my ability. Date: _____ Signature of Youth Volunteer: _____ |
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| 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 _____ 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. wheel chair, 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: _____ |
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Youth Volunteers must be 11 years old or entering 6th grade in September 2001. Boys and Girls are WELCOME.