

Youth 2002 Registration

Session 7A/C - AM Unit # _____
 7B/D - PM

Camp Location O'Neill Park Camp Date 6/24 - 28/2002

Please Print

Last Name _____ First _____ Home Phone () _____
BSA/GSA Rank in the fall _____ Grade in the fall 2002 _____ Age at Camp _____
Mother's Name _____ Daytime Phone () _____
Father's Name _____ Daytime Phone () _____
Address _____

Email 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 **is not allowed** pick up your child from day camp?

Name(s) _____

Youth Information

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

Special Skills or Talents _____

Youth Volunteering 3-5 days will receive a camp T-shirt.

One T-shirt is provided.

Please check the shirt size

- Adult Small
- Adult Medium
- Adult Large
- Adult XL
- Adult 2XL

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

If not, 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: _____

Class 1 Personal Health & Medical History

To be filled out by parent or guardian annually for all participants.

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) : (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 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.

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

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