

Adult 2003 Registration

Saddleback District Cub Scout Daycamp

Session 7A - AM (8:00 - 1:30) Pack# _____

7B - PM (2:30 - 8:00)

Camp Location O'Neill Park Camp Date 6/23 - 27/2003

Please Print

Last Name _____ First _____ Home Phone (_____) _____
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

To ensure that the camp has the requires 1:4 adult to camper ratio dates can not be changed without the approval of the pack coordinator.

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

If not, I will work the following day(s) Mon Tues Wed Thurs Fri

Adult Information

Registration will close three weeks before camp
or when the camp is full

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
 Standard Level 1 Level 2 Exp. Date _____
 Child/Infant Adult Both Exp. Date _____
Are you a Registered Nurse / Physician / EMT YES NO

Adults working 3-5 days will receive a
\$10 Scout Shop gift certificate.

One T-shirt is provided to adults working
three or more days

Extra shirts can be purchased
Please check the shirt size

- Adult Small
- Adult Medium
- Adult Large
- Adult XL
- Adult XXL
- Adult 3XL

Extra T-shirts (_____) at \$10 each

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: _____

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/Parent/Guardian: _____