

# Tiger 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 ( ) \_\_\_\_\_  
 Rank in fall 2003 \_\_\_\_\_ Grade in the fall 2003 \_\_\_\_\_  
 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 **is not allowed** to pick up your child from day camp?

Name(s) \_\_\_\_\_

### Please remember that BSA Camp Standards state that there MUST be a 1:4 Adult to Camper ratio every day.

This requires that each Pack/Den provide appropriate coverage for their campers each session each day. Many Packs and Dens require that each parent volunteer at least one day per child attending camp. Adults working 3 to 5 days will receive a camp T-shirt and \$10 Scout Shop gift certificate. Each adult must complete a separate adult registration form.

Please indicate the days this child's parents are volunteering.  M  T  W  T  F

**Camp Fees and Discounts** Registration will close three weeks before camp or when the camp is full.

Camp Fee ..... \$95  
 My Unit is a Founders Unit - \$5 Discount  - \_\_\_\_\_  
**All Tigers will get the color changing patch.**  
 All Tigers will get the early registration \$10 discount .....  - 10  
 Extra T-shirts (\_\_\_\_) at \$10 each .....  + \_\_\_\_\_  
**Total Due:** ..... \$ \_\_\_\_\_

Please **Do Not** mail registrations after May 15th, Turn them in directly to the Camp Registrar or the Council Office.  
 Campership form turned into Council on \_\_\_\_\_ for consideration.  
 A **NON-REFUNDABLE \$25 Deposit** can hold your place, remainder due 30 days before camp.

**One T-shirt is provided.**  
 Please check the Campers shirt size  
 Extra shirts can be ordered on the left  
 Youth Medium  
 Adult Small  
 Adult Large

**Cancellation Policy:** All refunds need to be requested in writing and submitted to the council Office in Costa Mesa at least 3 weeks prior to the start of camp. All refunds are subject to a \$40 cancellation fee. Initial: \_\_\_\_\_

### 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 this Day Camp.

Archery:  YES  NO Signature of Adult/Parent/Guardian: \_\_\_\_\_

BB-Guns:  YES  NO Signature of Adult/Parent/Guardian: \_\_\_\_\_

BB Guns are not used at the Saddleback Daycamp

# Cub 2003 Registration

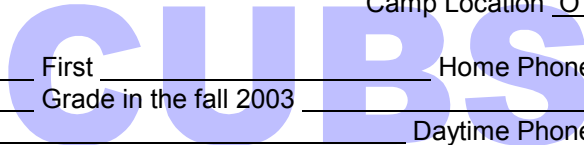
Saddleback District Cub Scout Daycamp

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 ( \_\_\_\_\_ ) \_\_\_\_\_  
 Rank in fall 2003 \_\_\_\_\_ Grade in the fall 2003 \_\_\_\_\_  
 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 **is not allowed** to pick up your child from day camp?

Name(s) \_\_\_\_\_

**Please remember that BSA Camp Standards state that there MUST be a 1:4 Adult to Camper ratio every day.**

This requires that each Pack/Den provide appropriate coverage for their campers each session each day. Many Packs and Dens require that each parent volunteer at least one day per child attending camp. Adults working 3 to 5 days will receive a camp T-shirt and \$10 Scout Shop gift certificate. Each adult must complete a separate adult registration form.

Please indicate the days this child's parents are volunteering.  M  T  W  T  F

**Camp Fees and Discounts** Registration will close three weeks before camp or when the camp is full.

Camp Fee ..... \$95  
 My Unit is a Founders Unit - \$5 Discount  - \_\_\_\_\_  
**Register before April 10, 2003 to get the color changing patch.**  
 Paperwork in by Scout-O-Rama (May 17, 2003) - \$10 Discount  - \_\_\_\_\_  
 Extra T-shirts ( \_\_\_\_\_ ) at \$10 each .....  + \_\_\_\_\_  
 OOPS! Paperwork did not make it to the Camp Registrar or Council before May 23, 2003 + \$20 Late Fee .....  + \_\_\_\_\_  
**Total Due:** ..... \$ \_\_\_\_\_

Please **Do Not** mail registrations after May 15th, Turn them in directly to the Camp Registrar or the Council Office.  
 Campership form turned into Council on \_\_\_\_\_ for consideration.  
 A **NON-REFUNDABLE \$25 Deposit** can hold your place, remainder due 30 days before camp.

**One T-shirt is provided.**  
 Please check the Campers shirt size  
 Extra shirts can be ordered on the left  
 Youth Medium  
 Adult Small  
 Adult Large

Cancellation Policy: All refunds need to be requested in writing and submitted to the council Office in Costa Mesa at least 3 weeks prior to the start of camp. All refunds are subject to a \$40 cancellation fee. Initial: \_\_\_\_\_

**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: \_\_\_\_\_

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I give my permission for this child to participate in the following Day Camp Activities at this Day Camp.

Archery:  YES  NO Signature of Adult/Parent/Guardian: \_\_\_\_\_  
 BB-Guns:  YES  NO Signature of Adult/Parent/Guardian: \_\_\_\_\_  
 BB Guns are not used at the Saddleback Daycamp

# Webelos 2003 Registration

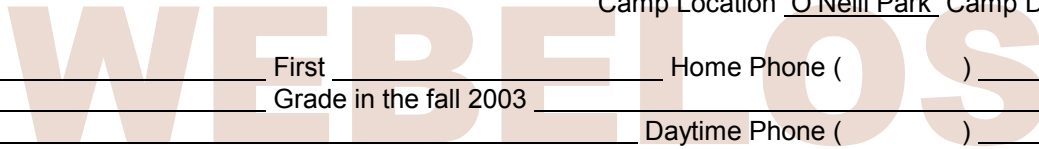
Saddleback District Cub Scout Daycamp

Session  7C - AM (8:00 - 1:30) Pack# \_\_\_\_\_

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

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

Please Print



Last Name \_\_\_\_\_ First \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
 Rank in fall 2003 \_\_\_\_\_ Grade in the fall 2003 \_\_\_\_\_  
 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 **is not allowed** to pick up your child from day camp?

Name(s) \_\_\_\_\_

**Please remember that BSA Camp Standards state that there MUST be a 1:4 Adult to Camper ratio every day.**

This requires that each Pack/Den provide appropriate coverage for their campers each session each day. Many Packs and Dens require that each parent volunteer at least one day per child attending camp. Adults working 3 to 5 days will receive a camp T-shirt and \$10 Scout Shop gift certificate. Each adult must complete a separate adult registration form.

Please indicate the days this child's parents are volunteering.  M  T  W  T  F

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Camp Fee ..... \$95  
 My Unit is a Founders Unit - \$5 Discount  - \_\_\_\_\_  
**Register before April 10, 2003 to get the color changing patch.**  
 Paperwork in by Scout-O-Rama (May 17, 2003) - \$10 Discount  - \_\_\_\_\_  
 Extra T-shirts (\_\_\_\_\_) at \$10 each .....  + \_\_\_\_\_  
 OOPS! Paperwork did not make it to the Camp Registrar or Council before May 23, 2003 + \$20 Late Fee .....  + \_\_\_\_\_  
**Total Due:** ..... \$ \_\_\_\_\_

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 A **NON-REFUNDABLE \$25 Deposit** can hold your place, remainder due 30 days before camp.

**One T-shirt is provided.**  
 Please check the Campers shirt size  
 Extra shirts can be ordered on the left

Youth Medium  
 Adult Small  
 Adult Large

**Cancellation Policy:** All refunds need to be requested in writing and submitted to the council Office in Costa Mesa at least 3 weeks prior to the start of camp. All refunds are subject to a \$40 cancellation fee. Initial: \_\_\_\_\_

## 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: \_\_\_\_\_

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I give my permission for this child to participate in the following Day Camp Activities at this Day Camp.

Archery:  YES  NO Signature of Adult/Parent/Guardian: \_\_\_\_\_

BB-Guns:  YES  NO Signature of Adult/Parent/Guardian: \_\_\_\_\_

BB Guns are not used at the Saddleback Daycamp

# Sibling 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

Parents who volunteer to work at Day Camp may register their non Cub Scout children (3-10 years of age and potty trained) in the Sibling Camp 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.** Parents must pick up their child at meal times. Siblings are not allowed to accompany parents to the program areas.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
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 **is not allowed** to pick up your child from day camp?

Name(s) \_\_\_\_\_

## Sibling Camper Information

Parent working at Camp \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_  Boy  Girl

Days this child will be in the Sibling Camp:  Mon  Tues  Wed  Thurs  Fri

Days parents will be in camp:  Mon  Tues  Wed  Thurs  Fri

## Camp Fees

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

So that we can provide each Sibling Camper with both a T-shirt and a full range of activities we need to charge a small fee for each camper. This is a one time cost, not per day.

Camp Fee ..... \$5

Extra T-shirts ( \_\_\_\_\_ ) at \$5 each  + \_\_\_\_\_

**Total Due:** ..... \$ \_\_\_\_\_

Please **Do Not** mail registrations after May 15th, 2003. Turn them in directly to the Camp Registrar.

## One T-shirt is provided.

Please check the shirt size

Extra shirts can be ordered on the left

Youth Small

Youth Medium

Adult Small

Adult Medium

## 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: \_\_\_\_\_

## Archery will be offered for Sibling Camp Participants who are 5 years old.

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I give my permission for this child to participate in the following Day Camp Activities at this Day Camp.

Archery:  YES  NO Signature of Adult/Parent/Guardian: \_\_\_\_\_

BB Guns:  YES  NO Signature of Adult/Parent/Guardian: \_\_\_\_\_

BB Guns are not used at the Saddleback Daycamp

I understand that I must pick up my child at the **beginning** of the meal break and that the sibling camp is closed during that time. I give permission for my child to participate in the sibling camp activities.

Date: \_\_\_\_\_ Signature of Adult/Parent/Guardian: \_\_\_\_\_

# Youth 2003 Registration

Saddleback District Cub Scout Daycamp

Please Print

Last registration day June 14, 2003

Session  7A - AM (8:00 - 1:30) Unit# \_\_\_\_\_

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

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

Last Name \_\_\_\_\_ First \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 BSA/GSA Rank in the fall \_\_\_\_\_ Grade in the fall 2003 \_\_\_\_\_ Age at Camp \_\_\_\_\_  
 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 youth up if needed.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Is there anyone who **is not allowed** to 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 at a Cub Scout Day Camp? .....  YES  NO

Special Skills or Talents \_\_\_\_\_

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

Please check the shirt size

Extra shirts can be purchased below

Adult Medium

Adult Large

Adult XL

Adult 2XL

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

### Youth must volunteer for at least three days

### Youth training will be on June 9 and 14, 2003

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

If not, I can work the following three or more 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 may be rotated. I will volunteer in all camp areas to the best of my ability and attend one of the training sessions.

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: \_\_\_\_\_

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I give my permission for this child to participate in the following Day Camp Activities at this Day Camp.

Archery:  YES  NO Signature of Adult/Parent/Guardian: \_\_\_\_\_

BB Guns:  YES  NO Signature of Adult/Parent/Guardian: \_\_\_\_\_

BB Guns are not used at the Saddleback Daycamp

# 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: \_\_\_\_\_