

# Cub 2004 Registration

Orange County Council Cub Scout Day Camp - Saddleback District

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

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

Camp Location O'Neill Park Camp Date June 21-25, 2004

Please Print

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Scout Rank in fall 2004 \_\_\_\_\_ Grade in the fall 2004 \_\_\_\_\_ Birth Date \_\_\_\_\_

Mother's Name \_\_\_\_\_ Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

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 (for example a custody issue)?

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 or 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 volunteering 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

<b>Camp Fees and Discounts</b>	Registration will close three weeks before camp or when the camp is full.
Camp Fee .....	\$95
My Unit is a Founders Unit - \$5 Discount .....	<input type="checkbox"/> - _____
<b>Register before April 15, 2004 to get the Special Patch!</b>	
Paperwork in by Scout-O-Rama (May 15, 2004) - \$10 Discount .....	<input type="checkbox"/> - _____
Extra T-shirts (_____) at \$10 each .....	<input type="checkbox"/> + _____
OOPS! Paperwork did not make it to the Camp Director or Registrar one month before camp + \$20 Late Fee .....	<input type="checkbox"/> + _____
Total Due: .....	\$ _____
Campership form turned into Council on _____ for consideration. Turn in your registration right away, do not wait for a response on the campership.	
Please <b>Do Not</b> mail registrations three weeks before camp, turn them in directly to the Camp Director or Registrar.	
A <b>NON-REFUNDABLE</b> \$40 Deposit can hold your place, remainder due 30 days before camp.	

<b>One T-shirt is provided.</b>
Please check the Campers shirt size
Extra shirts can be ordered on the left
<input type="checkbox"/> Youth Medium
<input type="checkbox"/> Adult Small
<input type="checkbox"/> Adult Medium

<b>Cancellation Policy:</b> 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: _____
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<b>Class 1 Personal Health &amp; Medical History</b> for the camper named above.	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 <input type="checkbox"/> YES <input type="checkbox"/> NO	
GENERAL INFORMATION: Asthma <input type="checkbox"/> YES <input type="checkbox"/> NO High blood pressure <input type="checkbox"/> YES <input type="checkbox"/> NO Cancer/Leukemia <input type="checkbox"/> YES <input type="checkbox"/> NO Heart condition <input type="checkbox"/> YES <input type="checkbox"/> NO Hemophilia <input type="checkbox"/> YES <input type="checkbox"/> NO Diabetes <input type="checkbox"/> YES <input type="checkbox"/> NO Kidney Disease <input type="checkbox"/> YES <input type="checkbox"/> NO Convulsions/Seizures <input type="checkbox"/> YES <input type="checkbox"/> 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.	
<b>IN CASE OF EMERGENCY</b> , 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: _____

<b>California Penal Code Section 12552</b> 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: <input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of Adult/Parent/Guardian: _____
BB-Guns: <input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of Adult/Parent/Guardian: _____ BB Guns are not used at the Saddleback Daycamp