

# Youth 2004 Registration

Orange County Council Cub Scout Day Camp - Saddleback District

Session  AM (8:00 - 1:30) Unit # \_\_\_\_\_  
 PM (2:30 - 8:00)

Please Print

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

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) \_\_\_\_\_

## Youth Information

Youth Registration closes on May 15, 2004

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 \_\_\_\_\_

Please **Do Not** mail registrations three weeks before camp, turn them in directly to the Camp Director or the Registrar.

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 7 and 12, 2004

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

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: \_\_\_\_\_

**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