

Sibling 2010 Registration

Orange County Council Cub Scout 2010 Day Camp - Saddleback District

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

PM (2:30 - 8:00)

O'Neill Park June 28- July 2, 2010

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.** Siblings are not allowed to accompany parents to the program areas. Parents must provide a sack lunch or pick up their child at meal times.

First Name _____ Last Name _____ Home Phone () _____
 Mother's Name _____ Daytime Phone () _____
 Father's Name _____ Daytime Phone () _____
 Address _____ Primary Language _____
 City, Zip _____
 E-Mail _____

In case Parents or Guardians can not be reached, in an emergency who else should be notified? This must be a local person who can pick up the camper 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) _____

Sibling Camper Information

Sibling Birth Date _____ Age at Camp _____ Boy Girl

Days this child will be in Sibling Camp: M T W T F

Days parents will be in camp: M T W T F

Parent working at Camp: _____

I understand that I must provide a sack lunch or pick up my child at the beginning of the meal break. I give permission for my child to participate in the sibling camp activities.

Sibling Camp Fees Registration closes at Scout-O-Rama, May 15, 2010

~~Do Not mail registrations three weeks before camp. Contact the Camp Director for instructions.~~

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 sibling.

Camp Fee - \$5 per day, \$20 maximum + _____

Extra T Shirts () at \$5 each + _____

Total Due: \$ _____

One Sibling T-Shirt is provided
Extra shirts can be ordered on the left

- Youth Small
- Youth Medium
- Youth Large
- Adult Small
- Adult Medium

Talent Release Form I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs / film / videotapes / electronic representations and / or sound recordings made of me or my child at Day Camp by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication. Initial: _____

BSA Health & Medical Record Part A

For the person named above To be filled out by parent or guardian annually for all participants

Check all items that apply, past or present, to your health history. Explain any "Yes" Answers

Health/Accident Ins. Carrier _____ Policy # _____

Name of Personal Physician _____ Telephone _____

Medical History - Are you now or have you ever been treated for any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bleeding disorders |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting spells |
| <input type="checkbox"/> Hypertension (High Blood Pressure) | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Heart Disease (i.e., CHF, CAD, MI) | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Stroke/TIA | <input type="checkbox"/> Sickle cell disease |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Ear/sinus problems | <input type="checkbox"/> Sleep disorders (i.e., sleep apnea) |
| <input type="checkbox"/> Muscular/skeletal condition | <input type="checkbox"/> GI problems (i.e., abdominal, digestive) |
| <input type="checkbox"/> Menstrual problems | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Psychiatric/psychological and emotional difficulties | <input type="checkbox"/> Serious injury |
| <input type="checkbox"/> Learning disorders (i.e., ADHD, ADD) | <input type="checkbox"/> Other _____ |

Allergies or Reaction to: Medication _____
Food, Plants, or Insect Bites _____

Medications List all medications including Inhalers and EpiPens

Medication _____ Strength _____ Frequency _____

Date Started _____ Reason _____ Temporary Permanent

Distribution approved by: _____

Immunizations: If had disease, put "D" and year

- | | | |
|---|--|--|
| <input type="checkbox"/> Tetanus _____ | <input type="checkbox"/> Mumps _____ | <input type="checkbox"/> Hepatitis A _____ |
| <input type="checkbox"/> Pertussis _____ | <input type="checkbox"/> Rubella _____ | <input type="checkbox"/> Hepatitis B _____ |
| <input type="checkbox"/> Diphtheria _____ | <input type="checkbox"/> Polio _____ | <input type="checkbox"/> Influenza _____ |
| <input type="checkbox"/> Measles _____ | <input type="checkbox"/> Chicken Pox _____ | <input type="checkbox"/> Other (i.e., Hib) _____ |
- Exception to immunizations claimed

I give my permission for full participation in BSA programs, subject to limitations noted herein. **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 can not be reached I hereby give my permission to the licensed health care practitioner 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 Day Camp