

Adult 2002 Registration

Session 7A - AM Cubs / 7C - AM Webelos Pack# _____

7B - PM Cubs / 7D - PM Webelos

Camp Location O'Neill Park Camp Date 6/24 - 28/2002

Please Print

Last Name _____ First _____ Home Phone (_____) _____

Address _____

Email 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

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

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

Adult Information

Registration will close three weeks before camp

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 YES NO

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

One T-shirt is provided.

Please check the shirt size

Adult Small

Adult Medium

Adult Large

Adult XL

Adult XXL

Adult 3XL

Extra shirts can be purchased

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: _____ 