

# Cub 2002 Registration

Please submit two copies.

Session  7A - AM Pack# \_\_\_\_\_  
 7B - PM

Please Print

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

Last Name \_\_\_\_\_ First \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Rank in the fall \_\_\_\_\_ Grade in the fall 2002 \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_  
Father's Name \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_

Email 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** pick up your child from day camp?

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

**Please remember that BSA Camp Standards state that there MUST be a 1:4 Parent 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. 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
Camp Fee .....	\$90
Paperwork in by December 31, 2001 (\$20 Discount) .....	<input type="checkbox"/> - _____
<b>OR</b> Paperwork in by Scout-O-Rama (\$10 Discount) .....	<input type="checkbox"/> - _____
My Unit is a Founders Unit (\$4 Discount) .....	<input type="checkbox"/> - _____
OOPS! Paperwork did not make it to the Camp Registrar or Council 30 days before camp (\$20 Late Fee) .....	<input type="checkbox"/> + _____
<b>Total Due:</b> .....	\$ _____
Please <b>Do Not</b> mail registrations after June 15th, Turn them in directly to the Camp Registrar or the Council Office. Campership form turned into Council on _____ For consideration.	
A <b>NON-REFUNDABLE</b> \$25 Deposit can hold your place, remainder due 30 days before camp.	

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

<p><b>One T-shirt is provided.</b></p> <p>Please check the shirt size</p> <p><input type="checkbox"/> Youth Medium</p> <p><input type="checkbox"/> Youth Large</p> <p><input type="checkbox"/> Adult Small</p> <p><input type="checkbox"/> Adult Medium</p> <p><input type="checkbox"/> Adult Large</p>
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## 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 his Day Camp.

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

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

**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. No refund requests will be accepted after September 1, 2002.

I have read and understood the cancellation policy. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Check # _____	Name on Check _____	Office Use only	Date _____	Acct # 1-6801-661-21
Medical Form filled out: YES NO	Registered BSA member: YES NO	Deposit	Paid in Full	Amount Paid: \$ _____
Circle All That Apply:		Payment	Multiple payments	Amount Owed: \$ _____
Other Campers paid on the check _____				