

Sibling 2002 Registration

Session 7A/C - AM Pack# _____
 7B/D - PM

Parents who volunteer to work at Day Camp may register their preschool 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.** The Sibling Lot is closed at meal times.

Please Print Camp Location O'Neill Park Camp Date 6/24 - 28/2002
Last Name _____ First _____ Home Phone (_____) _____
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) _____

Sibling Camper Information
Birth date _____ Age _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Days this child will be in the Sibling Camp: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
Days parents will be in camp: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri

Camp Fees	Registration will close three weeks before camp
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 camper. This is a one time cost, not per day.	
Camp Fee	\$5
Please Do Not mail registrations after June 15th, Turn them in directly to the Camp Registrar.	

One T-shirt is provided. Please check the shirt size
<input type="checkbox"/> Youth Small
<input type="checkbox"/> Youth Medium
<input type="checkbox"/> Adult Small
<input type="checkbox"/> Adult Medium

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 <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.	
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: _____

Archery will be offered for Sibling Camp Participants who are 5 years old. 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: <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: _____

I understand that I must pick up my child at the beginning of the meal break and that the sibling camp is closed during that time. I give permission for my child to participate in the Sibling camp activities.	
Date: _____	Signature of Adult/Parent/Guardian: _____