Tiger 2003 Pegistration

riger 2003 Re	;gisii alion		Se	ssion L	」7A - AM (8:00 - 1:3	60) Pack#	
Saddleback District Cub	Scout Daycamp				□ 7B - PM (2:30 - 8:0	00)	
Please Print			Camp Lo		O'Neill Park Camp	,	2003
- Rado Till					- Company		
Last Name	Firet		Но	me Pho	one (
Rank in fall 2003	Grade	o in the fall 2003			,		
		s III life fall 2003		Dk			
Mother's Name				me Pho			
Father's Name			Daytı	me Pho	one ()		
Address							
In case Parents or Guard who can pick the camper Name	lians cannot be reached up if needed. Relati Relati ot allowed to pick up y	ed, in an emerge ionship ionship your child from o	Dayti Dayti day camp?	me Pho	one ()		ion
Please remember that E This requires that each Pac that each parent volunteer a Shop gift certificate. Each a Please indicate the days	k/Den provide appropriat at least one day per child idult must complete a sep	te coverage for th I attending camp. parate adult regis	neir campers each Adults working 3 tration form.	n sessio to 5 da	n each day. Many Pac ys will receive a camp	ks and Dens requ	
Camp Fees and Discounts	Registration w	ill close three w	eeks before can	np	One T-shirt	is provided.	
			n the camp is fu	•		Campers shirt siz	7 0
_			•		Extra shirts can be	•	
Camp Fee			\$95	1	_		311
My Unit is a Founders U	nit - \$5 Discount		🗆		☐ Youth Med	ium	
All Tigers will get the o	olor changing patch.				☐ Adult Smal	ıı.	
All Tigers will get the ear	ly registration \$10 disc	count	🗆10)	☐ Adult Large	e	
Extra T-shirts () at	:\$10 each		🗆 +		Cancellation Policy: All r		
Total Due:					requested in writing and		uncil
			'		Office in Costa Mesa at		
Please Do Not mail registrations af			rar or the Council Office	e.	start of camp. All refunds		
Campership form turned into Counc A NON-REFUNDABLE \$25 Deposi					cancellation fee.	Initial:	E
Class 1 Personal Health	ո & Medical History			To be	filled out by parent or guardia	an annually for all partic	cipants.
Health/Accident Ins. Carrier		Policy #					
Check all items that apply , past or p		Explain any "Yes" answ	ers.				
ALLERGIES: Food, Medicines, Ins GENERAL INFORMATION:	ects, Plants	High blood pressure	□VEC□NO Con	oor/Louko	mia □ YES □ NO H	leart condition	
	Hemophilia ☐ YES ☐ NO				ase YES NO Convuls		
Other (Explain)							
List any medications to be taken at	camp						
List equipment, i.e. wheelchair, brac							
List physical/behavior conditions that							
Immunizations (give date of last ino					Diphtheria	=	
Mumps Pertussis	Rubella Ot	ther					
I give my permission for full participa be instituted without delay as judgm			ein. In the event of illne	ess or acc	ident in the course of such ac	tivity, I request that me	asures
IN CASE OF EMERGENCY, I unde to the physician selected by the adu adult).		,		,			
Date:	Signature of Adult/P	arent/Guardian	:				E
California Penal Code Section 12552 Fur or metal projectile, to any minor under the child to use a firearm as described above	e age of 18 years, without the express						
I give my permission for this child to parti		• •					
Archery: ☐ YES ☐ NO	_						1
BB Guns: ☐ YES ☐ NO	Signature of Adult/Pa	arent/Guardian:	-				

BB Guns are not used at the Saddleback Daycamp

Cub 2003 Registration Session □ 7A - AM (8:00 - 1:30) **Pack#** Saddleback District Cub Scout Daycamp ☐ 7B - PM (2:30 - 8:00) Camp Location O'Neill Park Camp Date 6/23 - 27/2003 Please Print Last Name First Home Phone (Rank in fall 2003 _____ Grade in the fall 2003 _ __ Daytime Phone (Mother's Name Father's Name Daytime Phone (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 _____ Phone (Is there anyone who **is not allowed** to pick up your child from day camp? Please remember that BSA Camp Standards state that there MUST be a 1:4 Adult 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. Adults working 3 to 5 days will receive a camp T-shirt and \$10 Scout Shop gift certificate. Each adult must complete a separate adult registration form. Please indicate the days this child's parents are volunteering. \square M \square T \square W \square T \square F Camp Fees and Discounts Registration will close three weeks before camp One T-shirt is provided. or when the camp is full. Please check the Campers shirt size Camp Fee\$95 Extra shirts can be ordered on the left ☐ Youth Medium Register before April 10, 2003 to get the color changing patch. ☐ Adult Small Paperwork in by Scout-O-Rama (May 17, 2003) - \$10 Discount _ _ _ ___ ☐ Adult Large Cancellation Policy: All refunds need to be OOPS! Paperwork did not make it to the Camp Registrar or 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. Initial:____ Please Do Not mail registrations after May 15th, Turn them in directly to the Camp Registrar or the Council Office. Campership form turned into Council on ______ for consideration. A NON-REFUNDABLE \$25 Deposit can hold your place, remainder due 30 days before camp.

Class 1 Personal Hea	Ith & Medical History			To be f	illed out by parent	or guardian annually for all participants.
Health/Accident Ins. Carrier		Policy	#			
Check all items that apply, past ALLERGIES: Food, Medicines,		Explain any "\	es" answers.			
GENERAL INFORMATION:			pressure ☐ YES ☐ NO Diabetes ☐ YES ☐ NO		nia □ YES □ NO se □ YES □ NO	Heart condition ☐ YES ☐ NO Convulsions/Seizures ☐ YES ☐ NO
Other (Explain)						
List any medications to be taken						
List equipment, i.e. wheelchair, b						
List physical/behavior conditions	that may affect or limit participation	on (swim, back	pack, long distance hikes,	, strenuous physic	al game play)	
Immunizations (give date of last	inoculation) : (Month/Year) Tetani	us toxoid	Measles	Polio	Diphtheria	
Mumps Pertussis	Rubella	Other				
I give my permission for full parti- be instituted without delay as jud			noted herein. In the event	t of illness or accid	dent in the course	of such activity, I request that measures
	•			,		be reached I hereby give my permission f medication for my child (or me, if an

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.

Signature of Adult/Parent/Guardian:

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

Date:

B

Webelos 2003 Registration

Webelos 2003 Registration	Session □ 7C - AM (8:00 - 1:30) Pack#			
Saddleback District Cub Scout Daycamp	□ 7D - PM (2:30 - 8:00)			
Please Print	Camp Location O'Neill Park Camp Date 6/23 - 27/2003			
Last NameFirst	Home Phone ()			
Rank in fall 2003 Grade in the fall 2003				
Mother's Name	Daytime Phone ()			
Father's Name	Daytime Phone ()			
Address				
In case Parents or Guardians cannot be reached, in an emerge who can pick the camper up if needed. Name Relationship Relationship Is there anyone who is not allowed to pick up your child from the case of the cannot be reached, in an emerge who can pick the camper up if needed.	Daytime Phone () Daytime Phone ()			
Name(s)	· ·			
Please remember that BSA Camp Standards state that there MUST be a 1:4 Adult 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. Adults working 3 to 5 days will receive a camp T-shirt and \$10 Scout Shop gift certificate. Each adult must complete a separate adult registration form. Please indicate the days this child's parents are volunteering. M T W T F				
Camp Fees and Discounts Registration will close three w	reeks before camp One T-shirt is provided.			
or whe	en the camp is full. Please check the Campers shirt size			
Camp Fee				
My Unit is a Founders Unit - \$5 Discount				
Register before April 10, 2003 to get the color changing pa	atch			
	I I Addit Stiali			
Paperwork in by Scout-O-Rama (May 17, 2003) - \$10 Discoun	I I Adult Large			
Extra T-shirts () at \$10 each	Cancellation Policy: All refunds need to be			
OOPS! Paperwork did not make it to the Camp Registrar or	requested in writing and submitted to the council			
Council before May 23, 2003 + \$20 Late Fee	etart of camp All refunds are subject to a \$40			
	cancellation fee. Initial:			
Please Do Not mail registrations after May 15th, Turn them in directly to the Camp Regist Campership form turned into Council on for consideration.	Tal of the Council Office.			
A NON-REFUNDABLE \$25 Deposit can hold your place, remainder due 30 days before can	amp.			
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" answ	JIPPC			
ALLERGIES: Food, Medicines, Insects, Plants YES NO GENERAL INFORMATION: Asthma YES NO High blood pressure				
List any medications to be taken at camp				
List equipment, i.e. wheelchair, braces, glasses, contact lenses, etc.:	g distance hikee etropuous physical some plant			
Inst physical/behavior conditions that may affect or limit participation (swim, backpack, long immunizations (give date of last inoculation): (Month/Year) Tetanus toxoidM	g distance hikes, strenuous physical game play)			
Mumps Pertussis Rubella Other				
I give my permission for full participation in BSA programs, subject to limitations noted her be instituted without delay as judgment of medical personnel dictates.	rein. In the event of illness or accident in the course of such activity, I request that measures			
IN CASE OF EMERGENCY, I understand every effort will be made to contact me (if an ad to the physician selected by the adult leader in charge to secure proper treatment including adult).	dult, my spouse or next of kin). In the event I cannot be reached I hereby give my permission g hospitalization, anesthesia, surgery, or injections of medication for my child (or me, if an			
Date: Signature of Adult/Parent/Guardian	: <u> </u>			
	ent. Every person who furnishes any firearm, air gun or gas operated gun, designed to fire a bullet, pellet, f the parent or legal guardian of the minor, is guilty of a misdemeanor. I give my permission for the 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:				
${\color{red} {\sf BB \; Guns:} \; \square \; {\sf YES \; \square \; NO Signature \; of \; Adult/Parent/Guardian:} }$				
BB Guns are not used at the Saddleback Daycamp				

Sibling 2003 Registration

Ρ	le	as	e	Ρ	ri	n

Session □ 7A - AM (8:00 - 1:30) Pack#	
□ 7B - PM (2:30 - 8:00)	
mp Location O'Neill Park Camp Date 6/23 - 27/2	003

Saddleback District Cub Scout Daycamp	□ /B - PM (2:30 - 8:00)				
Please Print	Camp Location O'Neill Park Camp Date 6/23 - 27/2003				
the Sibling Camp which will be held on site during Day Camp	ir non Cub Scout children (3-10 years of age and potty trained) in hours. Parents are only allowed to use these child care not must pick up their child at meal times. Siblings are not allowed				
Last Name First	Home Phone (
Mother's Name	Daytime Phone ()				
Father's Name	Daytime Phone ()				
Address					
n case Parents or Guardians cannot be reached, in an emergency who else should be notif					
Name Relationship Name Relationship	Daytime Phone ()				
Name Relationship	Daytime Phone ()				
s there anyone who <u>is not allowed</u> to pick up your child from Name(s)					
Sibling Camper Information Parent working at Camp Age Days this child will be in the Sibling Camp: Mon To					
	ues 🗌 Wed 🔲 Thurs 🔲 Fri				
Camp Fees Registration will close three	weeks before camp One T-shirt is provided.				
	nen the camp is full. Please check the shirt size				
So that we can provide each Sibling Camper with both a T-sh	-				
of activities we need to charge a small fee for each camper.	I his is a one time				
cost, not per day.	☐ Youth Medium				
Camp Fee	\$5				
Extra T-shirts () at \$5 each	□ + □ Adult Small				
Total Due:					
Please Do Not mail registrations after May 15th, 2003. Turn them in directly to the Cam					
Class 1 Personal Health & Medical History	To be filled out by parent or guardian annually for all participants.				
Health/Accident Ins. Carrier Policy #					
	rs. ure YES NO Cancer/Leukemia YES NO Heart condition YES NO es 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.:					
	distance hikes, strenuous physical game play)				
mmunizations (give date of last inoculation) : (Month/Year) Tetanus toxoid Measles Polio Diphtheria Mumps Pertussis Rubella Other					
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 nstituted without delay as judgment of medical personnel dictates.					
N 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/Guardia	n:				
Archery will be offered for Sibling Camp Particapants who are	e 5 years old.				
California Penal Code Section 12552 Furnishing firearms to Minors under 18 without permission of parent. E	Every person who furnishes any firearm, air gun or gas operated gun, designed to fire a bullet, pellet, or metal r legal guardian of the minor, is guilty of a misdemeanor. I give my permission for the above child to use a firearm as				
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/Guardiar					
BB Guns: YES NO Signature of Adult/Parent/Guardiar					
BB Guns are not used at the Saddleback Daycamp					
understand that I must pick up my child at the beginning of	the meal break and that the sibling camp is closed during that				
	and the state of t				

Date:

Signature of Adult/Parent/Guardian:

Youth 2003 Registration	Session □ 7A - AM (8:00 - 1:30) Unit#			
Saddleback District Cub Scout Daycamp	□ 7B - PM (2:30 - 8:00)			
Please Print Last registration day June 14, 2003	Camp Location O'Neill Park Camp Date 6/23 - 27/2003			
Last Name First Grade in the fall 2003 _ Mother's Name Father's Name	Daytime Phone ()			
Father's NameAddress	Daytime Phone ()			
In case Parents or Guardians cannot be reached, in an emergency who else should be notific Name Relationship Relationship Is there anyone who is not allowed to pick up your child from danger Name(s) Relationship Relationship Is there anyone who is not allowed to pick up your child from danger Relationship Is there anyone who is not allowed to pick up your child from danger Relationship Is the relationship	Daytime Phone () Daytime Phone () ay camp?			
Youth Information Do you know of any reason why you should not be able to perfor functions of the job for which you are applying with or without reaccommodations? If YES, what accommodations might be necessary? Have you worked with children in a group situation? Have you previously worked at a Cub Scout Day Camp? Special Skills or Talents	Please check the shirt size Extra shirts can be purchased below Adult Medium Adult Large Adult XL			
Youth must volunteer for at least three days I volunteer for all five days of Cub Day Camp				
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				
List equipment, i.e. wheelchair, braces, glasses, contact lenses, etc.: List physical/behavior conditions that may affect or limit participation (swim, backpack, long distance limit participation): (Month/Year) Tetanus toxoid Measles Mumps Pertussis Rubella Other	Polio Diphtheria			
I give my permission for full participation in BSA programs, subject to limitations noted herein. In the 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 s physician selected by the adult leader in charge to secure proper treatment including hospitalization				
Date: Signature of Adult/Parent/Guardian: _	<u>্</u>			
California Penal Code Section 12552 Furnishing firearms to Minors under 18 without permission of parent or metal projectile, to any minor under the age of 18 years, without the express or implied permission of the child to use a firearm as described above.				
Archery: YES NO Signature of Adult/Parent/Cuardian:				
BB Guns: YES NO Signature of Adult/Parent/Guardian: _ BB Guns are not used at the Saddleback Daycamp				

Adult 2003 Registration	Session □ 7A - AM (8:00 - 1:30) Pack#
Saddleback District Cub Scout Daycamp	□ 7B - PM (2:30 - 8:00)
Please Print	Camp Location O'Neill Park Camp Date 6/23 - 27/2003
Last Name First Address	Home Phone ()
In an emergency who else should be notified? This must be a local person who can pick Name Relationship Relationship	Daytime Phone ()
List all of your children who will attending this day camp (Cam Name Age Camper/Tot/Youth Name Age Camper/Tot/Youth	Name Age Camper/Tot/Youth
To ensure that the camp has the requires 1:4 adult to camper coordinator. I volunteer for all five days of Cub Day Camp YES N	ratio dates can not be changed without the approval of the pack O
If not, I will work the following day(s)	☐ Wed ☐ Thurs ☐ Fri
Adult Information Registration will close three was or will Are you a registered Scouter? Are you Youth Protection Trained? Have you worked with children in a group situation? Have you taken Cub/Scout Leader Training Have you previously worked a Cub Scout Day Camp? Are you CPR/First Aid Trained Standard Level 1 Level 2 Exp. D. Child/Infant Adult Both Exp. D. Are you a Registered Nurse / Physician / EMT	\$10 Scout Shop gift certificate. Stop Scout Shop gift certificate. Stop Scout Shop gift certificate. One T-shirt is provided to adults working three or more days Extra shirts can be purchased Please check the shirt size Adult Small Adult Medium Adult Large Adult XL Adult XXL
Class 4 Paragral Hagith 9 Madical History	Adult 3XL Extra T-shirts () at \$10 each
Class 1 Personal Health & Medical History Health/Accident Ins. Carrier Policy#	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" ans ALLERGIES: Food, Medicines, Insects, Plants □ YES □ NO GENERAL INFORMATION: Asthma □ YES □ NO High blood pressur	
List equipment, i.e. wheelchair, braces, glasses, contact lenses, etc.:	
List physical/behavior conditions that may affect or limit participation (swim, backpack, lo Immunizations (give date of last inoculation) : (Month/Year) Tetanus toxoid Mumps Pertussis Rubella Other	Measles Polio Diphtheria
	erein. In the event of illness or accident in the course of such activity, I request that measures
	adult, my spouse or next of kin). In the event I cannot be reached I hereby give my permission ing hospitalization, anesthesia, surgery, or injections of medication for my child (or me, if an
Date: Signature of Adult/Parent/Guardia	n:
I agree to follow all BSA Standards for adult volunteers at Day Date: Signature of Adult/Parent/Guardia	•