

Sibling 2004 Registration

Orange County Council Cub Scout Day Camp - Saddleback District

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

☐ PM (2:30 - 8:00)

Please Print

Camp Location O'Neill Park Camp Date June 21-25, 2004

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

First Name _____ Last Name _____ Home Phone () _____

Mother's Name _____ Daytime Phone () _____

Father's Name _____ Daytime Phone () _____

Address _____

E-Mail _____

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** to pick up your child from day camp (for example a custody issue)?

Name(s) _____

Sibling Camper Information

Parent working at Camp _____

Birth date _____ Age _____ ☐ Boy ☐ Girl

Days this child will be in the Sibling Camp: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

Days parents will be in camp: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

Camp Fees

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

Extra T-shirts () at \$5 each ☐ + _____

Total Due: \$ _____

Please **Do Not** mail registrations three weeks before camp, turn them in directly to the Camp Director or the Council Office.

One T-shirt is provided.

Please check the shirt size

Extra shirts can be ordered on the left

☐ Youth Small

☐ Youth Medium

☐ Adult Small

☐ Adult Medium

Class 1 Personal Health & Medical History for the sibling named above.

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 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 Daycamp

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: _____