

Youth 2004 Registration

Orange County Council Cub Scout Day Camp - Saddleback District

Session AM (8:00 - 1:30) Unit # _____
 PM (2:30 - 8:00)

Please Print

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

First Name _____ Last Name _____ Home Phone (_____) _____

Scout Rank in fall 2004 _____ Grade in the fall 2004 _____ Birth Date _____

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) _____

Youth Information

Youth Registration closes on May 15, 2004

Do you know of any reason why you should not be able to perform the essential functions of the job for which you are applying with or without reasonable accommodations? YES NO

If YES, what accommodations might be necessary? _____

Have you worked with children in a group situation? YES NO

Have you previously worked at a Cub Scout Day Camp? YES NO

Special Skills or Talents _____

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

Youth Volunteering 3-5 days will receive **one** camp T-shirt.

Please check the shirt size

Extra shirts can be purchased below

Adult Medium

Adult Large

Adult XL

Adult 2XL

Extra T-shirts (_____) at \$10 each

Youth must volunteer for at least three days

Youth training will be on June 7 and 12, 2004

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

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

I agree to follow all BSA Standards for Day Camp. I will be at camp on the days indicated and I understand that my Day Camp Assignment may be rotated. I will volunteer in all camp areas to the best of my ability and attend one of the training sessions.

Date: _____ Signature of Youth Volunteer: _____

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 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