

# Sibling 2007 Registration

Pack# \_\_\_\_\_

Orange County Council Cub Scout Day Camp

Please Print

Camp Location \_\_\_\_\_ Camp Date \_\_\_\_\_

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 \_\_\_\_\_

City, Zip \_\_\_\_\_

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

Sibling 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

Parent working at Camp \_\_\_\_\_

## 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.

Camp Fee - \$5 per day, \$20 maximum + \_\_\_\_\_

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

**Total Due:** \$ \_\_\_\_\_

**Do Not** mail registrations three weeks before camp, check with the Camp Director.

## One Sibling T-shirt is provided.

Extra shirts can be ordered on the left

- Youth Small (6-8)
- Youth Medium (10-12)
- Youth Large (14-16)
- 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.

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

Health/Accident Ins. Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Personal Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Life Threatening Allergies (i.e. bees, peanuts)  YES  NO Epi-Pen  YES  NO

Serious Medical Condition  YES  NO

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

ADHD  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: (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 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 licensed health care practitioner 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: \_\_\_\_\_ 

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: \_\_\_\_\_ 