

Youth 2007 Registration

Orange County Council Cub Scout Day Camp

Unit Type and Number _____

Please Print

Camp Location _____ Camp Date _____

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

Scout Rank in fall 2007 _____ Grade in the fall 2007 _____ Age _____ Birth Date _____

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) _____

Youth Information

What special accommodations are needed for you to perform tasks at Day Camp? _____

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

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

Where would you like to work at Day Camp? _____

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

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

Youth who volunteer 3-5 days will receive **one** camp T-shirt.
Extra shirts can be purchased to the left
 Adult Small
 Adult Medium
 Adult Large
 Adult XL
 Adult 2XL

I volunteer for all five days of Day Camp YES NO

I will work the following days 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 any required training sessions.

Date: _____ Signature of Youth Volunteer: _____ 

Class 1 Personal Health & Medical History

for the youth 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: _____