

Adult 2008 Registration

Session 7A Tiger & Cub AM 7C Webelos AM Pack# _____

7B Tiger & Cub PM 7B Webelos PM

Orange County Council Cub Scout Day Camp - Saddleback District

Please Print

Camp Location O'Neill Park Camp Date June 23-27, 2008

First Name _____ Last Name _____ Home Phone () _____

Address _____ Primary Language _____

City, Zip _____ Are you a member of the Order of the Arrow? Yes No

E-Mail _____

In case Parents or Guardians can not be reached, in an emergency who else should be notified? This must be a local person who can pick up the camper if needed.

Name _____ Relationship _____ Daytime Phone () _____

Name _____ Relationship _____ Daytime Phone () _____

ADULT

List all your children who will be attending this day camp (Campers, Siblings and Youth)

First Name _____ Last Name _____ Age _____ Camper/Sibling/Youth

First Name _____ Last Name _____ Age _____ Camper/Sibling/Youth

First Name _____ Last Name _____ Age _____ Camper/Sibling/Youth

First Name _____ Last Name _____ Age _____ Camper/Sibling/Youth

To ensure that the camp has the required 1:4 adult to camper ratio, dates can not be changed without the approval of the pack coordinator or camp director.

I volunteer for all five days of Day Camp Yes No I will work the following days M T W T F


Special skill or assignment request _____


Adults working 3-5 days will receive a \$10 Scout Shop certificate and a free camp T-shirt (see box below)

Adult Information Are you a registered Scouter? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you Youth Protection Trained? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you CPR/First Aid Trained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Standard <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 Expiration Date _____ <input type="checkbox"/> Child/Infant <input type="checkbox"/> Adult <input type="checkbox"/> Both Expiration Date _____ Are you a Registered Nurse / Physician / EMT? <input type="checkbox"/> Yes <input type="checkbox"/> No Do Not mail registrations three weeks before camp. Contact the Camp Director for instructions. Extra T Shirts () at \$10 each \$ _____	Registration closes at Scout-O-Rama May 17, 2008	One Camper T-Shirt is provided for adults working 3 or more days Extra shirts can be ordered on the left <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult 2XL <input type="checkbox"/> Adult 3XL
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Each adult must complete a separate adult registration form.

All adults **MUST** attend one of the Adult Volunteer Orientation sessions on **June 5th or June 9th, 2008**

Class 1 Personal Health & Medical History Health/Accident Ins. Carrier _____ Policy # _____ Name of Personal Physician _____ Telephone _____ Life Threatening Allergies (i.e. bees, peanuts) <input type="checkbox"/> Yes <input type="checkbox"/> No Epi-Pen <input type="checkbox"/> Yes <input type="checkbox"/> No Serious Medical Condition <input type="checkbox"/> Yes <input type="checkbox"/> No Allergies: food, medicines, insects, plants <input type="checkbox"/> Yes <input type="checkbox"/> No GENERAL INFORMATION: Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No High Blood Pressure <input type="checkbox"/> Yes <input type="checkbox"/> No Cancer/Leukemia <input type="checkbox"/> Yes <input type="checkbox"/> No Heart Condition <input type="checkbox"/> Yes <input type="checkbox"/> No ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No Hemophilia <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No Kidney Disease <input type="checkbox"/> Yes <input type="checkbox"/> No Convulsions/Seizures <input type="checkbox"/> Yes <input type="checkbox"/> No Other (Explain): _____ List any medications to be taken at camp: _____ 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 can not 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: _____	<p>For the person named above</p> <p>To be filled out by parent or guardian annually for all participants</p> <p>Check all items that apply, past or present, to your health history. Explain any "Yes" Answers</p> 
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<p>I agree to follow all BSA Standards for adult volunteers at Day Camp. I will be at camp on the days indicated. If I am unable to attend I will contact the Camp Director.</p> <p>Date: _____ Signature of Adult / Parent / Guardian: _____</p> 
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