

Sibling 2008 Registration

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

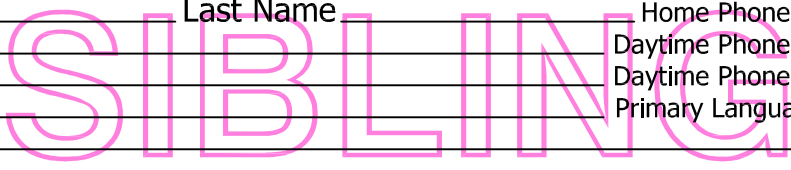
Orange County Council Cub Scout Day Camp - Saddleback District

Please Print

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

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

First Name _____ Last Name _____ Home Phone () _____
 Mother's Name _____ Daytime Phone () _____
 Father's Name _____ Daytime Phone () _____
 Address _____ Primary Language _____
 City, Zip _____
 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 () _____

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 _____

Days this child will be in Sibling Camp: M T W T F

Days parents will be in camp: M T W T F

Parent working at Camp: _____

I understand that I must provide a sack lunch for my child or pick up my child at the beginning of the meal break. I give permission for my child to participate in the sibling camp activities.

Date: _____ Signature of Adult / Parent / Guardian: _____



Sibling Camp Fees

Registration closes at Scout-O-Rama May 17, 2008

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 sibling.

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

Extra T Shirts () at \$5 each + _____

Total Due: \$ _____

One Sibling T-Shirt is provided
 Extra shirts can be ordered on the left

- Youth Small
- Youth Medium
- Youth Large
- Adult Small
- Adult Medium

~~Do Not mail registrations three weeks before camp. Contact the Camp Director for instructions.~~

Class 1 Personal Health & Medical History

For the person 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): _____

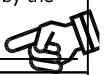
List any medications to be taken at camp: _____

List 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: _____



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 Cay Camp

