Adult 2010 Registration

Session ☐7A Tiger & Cub AM ☐7C Webelos AM Pack# ________
☐7B Tiger & Cub PM ☐7B Webelos PM

Orange County Council Cub Scout 2010 Day Camp - Saddleback District

O'Neill Park June 28- July 2, 2010

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 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 *Registration closes at Scout-O-Rama May 15, 2010*

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

Are you a registered Scouter? . . . . ☐Yes ☐No
Are you Youth Protection Trained? . . . . ☐Yes ☐No
Are you CPR/First Aid Trained? . . . . ☐Yes ☐No
☐Standard ☐Level 1 ☐Level 2 Expiration Date __________
☐Child/Infant ☐Adult ☐Both Expiration Date __________
Are you a Registered Nurse / Physician / EMT? . . . . ☐Yes ☐No

Extra T Shirts ( ) at $10 each . . . . $ ________

One Camper T-Shirt is provided for adults working 3 or more days
Extra shirts can be ordered on the left

- ☐ Adult Small
- ☐ Adult Medium
- ☐ Adult Large
- ☐ Adult XL
- ☐ Adult 2XL
- ☐ Adult 3XL

Each adult must complete a separate adult registration form.

All adults **MUST** attend one of the Adult Volunteer Orientation sessions on **June 4th** or **June 6th, 2010**

Talent Release Form I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs / film / videotapes / electronic representations and / or sound recordings made of me or my child at Day Camp by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

Initial: ________

BSA Health & Medical Record Part A 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 ________________

Medical History - Are you now or have you ever been treated for any of the following:

☐Asthma
☐Diabetes
☐Hypertension (High Blood Pressure)
☐Heart Disease (i.e., CHF, CAD, MI)
☐Stroke/TIA
☐COPD
☐Ear/sinus problems
☐Muscular/skeletal condition
☐Menstrual problems
☐Psychiatric/psychological and emotional difficulties
☐Learning disorders (i.e., ADHD, ADD)
☐Bleeding disorders
☐Fainting spells
☐Thyroid disease
☐Kidney disease
☐Sickle cell disease
☐Seizures
☐Sleep disorders (i.e., sleep apnea)
☐GI problems (i.e., abdominal, digestive)
☐Surgery
☐Serious injury
☐Other ____________

Allergies or Reaction to: Medication ____________
Food, Plants, or Insect Bites ____________

Medications List all medications including Inhalers and EpiPens
Medication ____________ Strength ________ Frequency ________
Date Started ____________ Reason ________ ☐Temporary ☐Permanent
Distribution approved by: ________________

Immunizations: If had disease, put "D" and year
☐Tetanus _____ ☐Mumps _____ ☐Hepatitis A _____
☐Pertussis _____ ☐Rubella _____ ☐Hepatitis B _____
☐Diphtheria _____ ☐Polio _____ ☐Influenza _____
☐Measles _____ ☐Chicken Pox _____ ☐Other (i.e., HIB) _____
☐Exception to immunizations claimed

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: ________________________

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.

Date: __________ Signature of Adult / Parent / Guardian: ________________________