

Youth Volunteer 2010 Registration

Session AM (7:30 - 1:30) Unit Type and Number _____
 PM (2:00 - 8:00)

Orange County Council Cub Scout 2010 Day Camp - Saddleback District

O'Neill Park June 28- July 2, 2010

First Name _____ Last Name _____ Home Phone () _____

Scout Rank _____ Grade in Fall 2010 _____ Age at Camp _____ Birth Date _____

Mother's Name _____ Daytime Phone () _____

Father's Name _____ Daytime Phone () _____

Address _____ Primary Language _____

City, Zip _____

E-Mail _____ Are you a member of the Order of the Arrow? Yes No

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) _____

I volunteer for all five days of Day Camp Yes No I will work the following days M T W T F
 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. I will volunteer for at least three days at the Saddleback Cay Camp.

Date: _____ Signature of Youth Volunteer: _____

Youth Information Registration closes at Scout-O-Rama, May 15, 2010
~~Do Not mail registrations three weeks before camp. Contact the Camp Director for instructions.~~
 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? _____

 Extra T Shirts () at \$10 each _____ \$ _____

Youth who Volunteer 3-5 days will receive one camp shirt
 Extra shirts can be ordered on the left

Adult Small
 Adult Medium
 Adult Large
 Adult XL
 Adult 2XL

Youth Volunteer Training Sessions will be on June 9th and 13th 2010, you must attend one of these
 Some program areas have additional required training sessions

To provide meals for the week there is a \$10 charge for each youth, make checks to "Saddleback Cub Daycamp"

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:

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

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