

# Adult 2012 Registration

Session  7A Tiger & Cub AM  7C Webelos AM Pack# \_\_\_\_\_  
 7B Tiger & Cub PM  7D Webelos PM

Orange County Council Cub Scout 2012 Day Camp - Saddleback District

O'Neill Park June 25 - 29, 2012

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Primary Language \_\_\_\_\_

City, Zip \_\_\_\_\_

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

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 ( ) \_\_\_\_\_

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 \_\_\_\_\_

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: \_\_\_\_\_ 

## Each adult must complete a separate adult registration form.

All adults **MUST** attend one of the Adult Volunteer Orientation sessions on **June 6th** or **June 9th, 2012**

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 12, 2012

~~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 Adult 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

Pictures may be taken of your child or you while at Daycamp for use in promotional publications or on the web site.

To decline participation, please initial here: \_\_\_\_\_

### BSA Health & Medical Record Part A For the person named above

To be filled out by parent or guardian annually for all participants

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, explain:

- |   |  |
|---|--|
| <p>Y N</p> <p><input type="checkbox"/> Asthma Last attack: _____</p> <p><input type="checkbox"/> Diabetes Last HbA1C: _____</p> <p><input type="checkbox"/> Hypertension (High Blood Pressure)</p> <p><input type="checkbox"/> Heart Disease (i.e., CHF, CAD, MI)</p> <p><input type="checkbox"/> Stroke/TIA</p> <p><input type="checkbox"/> Lung/respiratory disease</p> <p><input type="checkbox"/> Ear/sinus problems</p> <p><input type="checkbox"/> Muscular/skeletal condition</p> <p><input type="checkbox"/> Menstrual problems (women only)</p> <p><input type="checkbox"/> Psychiatric/psychological and emotional difficulties</p> <p><input type="checkbox"/> Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)</p> | <p>Y N</p> <p><input type="checkbox"/> Bleeding disorders</p> <p><input type="checkbox"/> Fainting spells</p> <p><input type="checkbox"/> Thyroid disease</p> <p><input type="checkbox"/> Kidney disease</p> <p><input type="checkbox"/> Sickle cell disease</p> <p><input type="checkbox"/> Seizures Last seizure: _____</p> <p><input type="checkbox"/> Sleep disorders (i.e., sleep apnea) Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Abdominal/digestive problems</p> <p><input type="checkbox"/> Surgery</p> <p><input type="checkbox"/> Serious injury</p> <p><input type="checkbox"/> Other _____</p> |
|---|--|

Allergies or Reaction to: Medication \_\_\_\_\_  
Food, Plants, or Insect Bites \_\_\_\_\_

Medications List all medications currently used. Inhalers and EpiPens must be included.  
Medication \_\_\_\_\_ Strength \_\_\_\_\_ Frequency \_\_\_\_\_  
Date Started \_\_\_\_\_ Reason \_\_\_\_\_

Immunizations: If had disease, put "D" and year

<input type="checkbox"/> Tetanus _____	<input type="checkbox"/> Mumps _____	<input type="checkbox"/> Hepatitis A _____
<input type="checkbox"/> Pertussis _____	<input type="checkbox"/> Rubella _____	<input type="checkbox"/> Hepatitis B _____
<input type="checkbox"/> Diphtheria _____	<input type="checkbox"/> Polio _____	<input type="checkbox"/> Influenza _____
<input type="checkbox"/> Measles _____	<input type="checkbox"/> Chicken Pox _____	<input type="checkbox"/> Other _____

Exception to immunizations claimed (form required). See Scouting Safely on Scouting.org.

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: \_\_\_\_\_ 