

2008 Bay Area Council Twilight Camp **YOUTH/JUNIOR STAFF** Registration and Health Form

Information to be filled out by parent or guardian. Please print clearly in ink.

REGISTRATION

CUB SCOUT DAY CAMP CLASS 1 PERSONAL HEALTH HISTORY

Scout's Name: _____ Dist: _____ Pack: _____

In the fall my son will be a: **Tiger** **Wolf** **Bear** **Webelo I** **Webelo II** **Blazer**
 1st **2nd** **3rd** **4th** **5th** **11yrs**

My child is a sibling in: **Tot Lot** **Mustang**

(NOTE: Sibling/Tot Lot and Mustang program is ONLY for the children of Adult Volunteers IN Camp.)

Buddy Up: _____
 (Who would your scout like to be in same den with?)

We will be attending the following Camp (circle one):

- June 9-13 Northern Star - Christa Adair Park
- June 16-20 Thunderbird – Alvin Rotary Park
- June 16-20 Coastal – Shamrock Ranch
- June 23-27 Cradle of Texas – Camp Karankawa

Please select your child's shirt size: **YS** **YM** **YL** **AS** **AM** **AL** **AXL** **A2XL**

Additional shirts may be purchased for \$10. Qty: _____ Size _____

Are you serving on staff? **Y** **N** In what capacity? _____

I volunteer to be a Den Leader/Asst DL on: **M** **T** **W** **Th** **F**

Please fill out and attach adult volunteer form for yourself.

My name is: _____
 (Tigers require a one to one adult participation ratio)

FEES: Scouts \$60.⁰⁰. Siblings \$15.⁰⁰ Late fee \$15.⁰⁰

Registration for Day Camp is DUE APRIL 30TH.

(**Make checks payable to your Pack.** Pack makes one payment to Bay Area Council.)
 (\$15 discount from total for full week volunteers.)

Camp Fee _____

Extra T-Shirts _____

Late Fee _____

Vol. -\$15 discount _____

Total _____

**All those that turn in
 registration on time
 will receive a special
 water bottle.**

SCOUT: _____ District: _____ Pack: _____ Rank: _____ Den: _____

Name: _____ Birth Date: ____/____/____ Age: _____

Name of Parent/Guardian: _____ Telephone _____

Home Address: _____ City: _____ State: ____ Zip: _____

Check all items that apply (past or present) to the Scout's Health History. Explain any "YES" answers.

Allergies: Food, Medicines, Insects, Plants YES ____ NO ____ Explain: _____

GENERAL INFORMATION:

	Yes	No		Yes	No		Yes	No
ADHD	____	____	Convulsions / Seizures	____	____	Hemophilia	____	____
Asthma	____	____	Diabetes	____	____	High Blood Pressure	____	____
Cancer / Leukemia	____	____	Heart Trouble	____	____	Kidney Disease	____	____

List any medicines to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List any equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations (**Give DATE (Month and Year) of last inoculations**): A copy of the school shot record will work if attached.

Tetanus Toxoid _____	Mumps _____	Polio _____
Diphtheria _____	Measles _____	_____
Pertussis _____	Rubella _____	_____

Name of personal Physician _____ Telephone _____

Personal health/accident insurance carrier: _____ Policy Number _____

Parent Authorization -- To the best of my knowledge, this health history is correct and the person herein described has permission to engage in all prescribed activities, except as noted below. In the event of an emergency, if I cannot be reached, I hereby authorize the physician selected by the Camp Director, to hospitalize, secure anesthesia, or other injection or surgery for the youth named above. I understand that I am solely responsible for all transportation to and from camp for my child.

Exceptions to program: _____

Signature: _____ Date: _____

Parent / Guardian _____ Contact Phone _____

Emergency Name _____ Contact Phone _____

PHOTOGRAPHY AND VIDEO MEDIA WILL TAKE PLACE FOR PACK/DISTRICT/COUNCIL USE.

Questions? Call: _____