

Cub Scout Registration Form

Arrowmoon District Cub Scout Day Camp 2010

June 14-18, 8:00am-3:00pm, Camp Howdy, 5321 Jones Rd, Bryan

Turn this form in to your Pack's Day Camp Coordinator

Coordinators must turn in all forms by May 2nd. No late registrations.

PACK

For Office Use Only:

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> RANK | <input type="checkbox"/> PHOTO |
| <input type="checkbox"/> CONTACT | <input type="checkbox"/> HEALTH |
| <input type="checkbox"/> IMMUNIZ | <input type="checkbox"/> CONSENT |

Scout's Name: _____

Scout's Address: _____

City / Zip: _____

Parents/Guardians: _____

Phone: h _____ w _____ c _____

Email: _____

Cub Scout Rank for **2010-2011** School Year – NOT Current Rank: (next fall's grade in parentheses)

- Tiger (1st - adult partner **MUST** attend) Wolf (2nd) Bear (3rd) Webelos 1 (4th) Webelos 2 (5th)

Persons Authorized To Pick Up Your Child: (in addition to parents or guardians listed above)

Name	Relation	Phone(s)

- T-Shirt:**
- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> Adult Small |
| <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult Medium |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Adult Large |
| <input type="checkbox"/> Youth XL | <input type="checkbox"/> Adult XL |

Please Note: Camp t-shirt must be worn every day. Extra shirt prevents daily washing.

Registration Fees (No Refunds Given)

Registration Fee - \$55 _____

Extra Shirt - \$6 _____

Total Due **to your Pack** _____

PARENT'S NOTES:

No individual registration forms will be accepted.

- Health form on back **MUST** be filled out **completely!**
- You will get a letter in early June with your son's den assignment and more details.
- Your help is needed! Please talk to your Pack's Day Camp Coordinator about being a "Walking Leader" with your son. BSA **requires** a 1:5 adult to boy ratio at all times. Scouts cannot attend camp unless their pack provides enough leaders. A Sibling program is available to adults who volunteer. Siblings must be 3 and potty trained.
- If you have any questions, please contact your **Pack's Day Camp Coordinator**. You may also contact:
Day Camp Registrar, Natalie Outlaw (979-589-2012 or Natalie_Outlaw@yahoo.com) or
Day Camp Director, Sarah Morrill (409-939-6951 or skmorrill@gmail.com)

Consent to photograph or record electronically: (*Scout CANNOT attend Day Camp if not signed!!!*)

As parent/guardian of this child, I understand and agree that my child may be photographed and/or videotaped for promotional purposes. My child's name or personal info will not appear with any video or photographic reproduction. I further understand that pictures belong to the Boy Scouts of America and I will not receive payment or other compensation in connection with these pictures.

Signature: _____ Date: _____



Youth Health History – Cub Scout Day Camp Medical Form

(This form must be completed **entirely** and returned with the Registration form.

This form will be on file at camp at all times – this is for your child's safety!)

Name: _____ Date of Birth: _____ Age (on 6/14/10): _____

In Case of Emergency, notify: (must be able to pick up child if necessary)

If Parents/Guardians on page 1 can not be reached, in the event of an emergency notify:		
Name	Relation	Phone(s)
Health/Accident Insurance Co. and Policy #:		
Child's Primary Care Physician (Name and Number):		

Problems with:

- Asthma Fainting Spells Convulsions Diabetes ADD / ADHD
 Heart Trouble Bleeding Disorders Seizures Digestion Lungs
 Eyes, ears, nose, throat Allergy to medication, food, plant, insect, etc. Other

Explain any checks above: _____

Any condition, disability, or allergy that may require special care, medication, or diet?

Explain: _____

Note: For the safety of the campers, any child that has disabilities and/or special needs **must have** a caregiver attend camp with them. If your son plans on attending camp and has disabilities and/or special needs, please contact the Day Camp Director prior to attending camp.

Any condition now requiring regular medication? Yes No

Name of medication: _____ Dosage: _____ Times to administer: _____

All medication must be given to the first aid staff upon arrival at camp and must be in the original container! Please notify camp first aid staff if there are any health changes or anything else the staff should know about your child!

Any restriction(s) of activities for medical reasons? (Explain) _____

My child may be administered Children's Tylenol by the first aid staff during camp: Yes No

Immunization Information – The Texas Dept. of Health requires **actual dates**. Registration will not be accepted unless the actual dates are listed. **Do not** put 'current', 'up to date', or 'on file with school or doctor'.

Immunization		Date of last inoculation	Immunization		Date of last inoculation	Immunization		Date of last inoculation
MMR	Measles		DPT	Diphtheria		Polio (OPV)		
	Mumps			Pertusis		Hepatitis B		
	Rubella			Tetanus toxoid		Varicella (Chicken Pox)		

Consent to Treat:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I or the persons designated above cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery. I authorize the medical insurance carrier to make necessary payment directly to the physician or hospital for such treatment.

Signature: _____ Date: _____ 