

# STAFF Registration Form

Arrowmoon District Cub Scout Day Camp 2010

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

Mail this form to Sarah Morrill, 3116 Bird Pond Rd, CS 77845

OR Drop off in the scouting mailbox at Burdett & Son

PACK

For Office Use Only:

- |                                     |                                  |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> BSA        | <input type="checkbox"/> CONTACT |
| <input type="checkbox"/> YPT        | <input type="checkbox"/> HEALTH  |
| <input type="checkbox"/> SO RESULTS | <input type="checkbox"/> CONSENT |

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / Zip: \_\_\_\_\_  
Phone: h) \_\_\_\_\_ w) \_\_\_\_\_ c) \_\_\_\_\_  
Email: \_\_\_\_\_  
Staff Position: \_\_\_\_\_

I will be there during camp hours the following days: *(Check all that apply)*

- Mon (June 14)     Tues (June 15)     Wed (June 16)     Thurs (June 17)     Fri (June 18)

## T-Shirt:

- Adult Small       Adult Medium       Adult Large       Adult XL  
 Adult XXL       Adult XXXL       Adult XXXXL

**Please Note:** Please wear the shirt to camp daily as this is the camp uniform and is mandatory for security purposes.

## Attachments Required by State of Texas:

- Health Form on back MUST be completed **entirely**.
- BSA Adult Application form. All adults in camp must be registered members of the Boy Scouts of America. Everyone must fill out a new form each year for camp per State of Texas. If application already on file with Council, applicant is only signature needed. ([www.scouting.org/filestore/pdf/28-501F.pdf](http://www.scouting.org/filestore/pdf/28-501F.pdf))
- Youth Protection Training certificate dated July 1, 2008 or later. ([www.myscouting.org](http://www.myscouting.org))
- Texas DPS Sex Offender Search results. ([records.txdps.state.tx.us/DPS\\_WEB/SorNew/index.aspx](http://records.txdps.state.tx.us/DPS_WEB/SorNew/index.aspx))

**If you have any other certifications (First Aid, CPR, BSA Range, etc.) PLEASE attach a copy.**

### Please Note:

A siblings program will be provided for leaders on the days they are working. Please fill out a Sibling Registration form for each child. The minimum age is 3 and they must be potty trained.

**More Info:** (See [www.arrowmoondistrict.org/TexasYouthCampAdultRequirements.htm](http://www.arrowmoondistrict.org/TexasYouthCampAdultRequirements.htm) for more details)

If you have questions, contact Day Camp Director, Sarah Morrill at 409-939-6951 or [skmorrill@gmail.com](mailto:skmorrill@gmail.com)

## Consent to photograph or record electronically:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 

# Adult Health History – Cub Scout Day Camp Medical Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## In Case of Emergency, Notify:

Name	Relation	Phone(s)

Health/Accident Insurance Co. and Policy #: \_\_\_\_\_

Personal 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 restrictions of activity for medical reason?  Yes  No Explain: \_\_\_\_\_

Any special equipment needed?  Yes  No Explain: \_\_\_\_\_

## Immunizations/Medications:

Date of last Tetanus Booster: \_\_\_\_\_

Any condition requiring medication?  Yes  No Name of Medication: \_\_\_\_\_

Explain: \_\_\_\_\_

Will it be necessary to administer this medication during camp?  Yes  No

Explain: \_\_\_\_\_

*Texas Dept of Health requires that all medication be given to first aid staff upon arrival at camp and must be in the original container! Please notify first aid staff if there are any changes or anything else the staff should know about you!*

## 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 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: \_\_\_\_\_ 