

Walking Leader 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.

PACK

For Office Use Only: CONTACT
 BSA HEALTH
 YPT CONSENT
 SO RESULTS COMMIT

Name: _____

Address: _____

City / Zip: _____

Phone: (h) _____ (w) _____ (c) _____

Email: _____

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 XL

Adult Small Adult 2XL

Adult Medium Adult 3XL

Adult Large Adult 4XL

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

Registration Fees (No Refunds Given)

Registration Fee - \$10.00 _____
(Registration fee is waived if you attend camp all week)

Extra Shirt - \$6.00 _____

Total Due to Your Pack _____

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)
- Youth Protection training certificate dated July 1, 2008 or later. (www.myscouting.org)
- Texas DPS Sex Offender Registry search results. (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 for more details)

If you have any questions, please contact your Pack's **Day Camp Coordinator**. You may also contact Day Camp Registrar, Natalie Outlaw at 979-589-2012 or Natalie_Outlaw@yahoo.com or Day Camp Director, Sarah Morrill at 409-939-6951 or skmorrill@gmail.com

Consent to photograph or record electronically: (Must be signed in order to volunteer!!!)

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: _____ 

Walking Leader Duties and Commitment:

As a Walking Leader I will lead a den of 8 to 10 boys to each assigned activity throughout the day. Our den will include at least one other adult at all times. I will do my best to make sure we arrive at and leave each activity at the assigned time in order to not disrupt the schedule of other dens. I will make sure all boys and adults in my den keep hydrated. I will do my best to make sure the boys and I have fun!

I will be at camp on the days indicated. If I am unable to attend I will contact the Day Camp Director ASAP.

I understand that I am **required** to take Walking Leader training at the Day Camp site at one of the following times: **Tuesday, June 8th 6:30pm to 8:30pm** OR **Saturday, June 12th 9:00am to 11:00am**

If I am unable to attend at either of these times I will contact the Day Camp Director to arrange another training before camp begins. **I understand that I must be trained even if I have been a Walking Leader in the past.**

Signature: _____ Date: _____ 