

BLACK SWAMP AREA COUNCIL

ATTACH PHOTO HERE
GREAT OAKS DISTRICT DAY CAMP
2008

CUB SCOUT DAY CAMP REGISTRATION FOR

NAME _____ PACK# _____ BIRTH DATE ___/___/___ GRADE IN FALL _____

ADDRESS _____ CITY _____ ZIP _____

NAME OF PARENT/GUARDIAN _____ HOME PHONE _____ WORK
PHONE _____

CELL PHONE _____

ALTERNATE CONTACT IN CASE OF EMERGENCY:

NAME _____ RELATIONSHIP _____ PHONE _____

SCOUT'S T-SHIRT SIZE (CIRCLE ONE): YOUTH SMALL, YOUTH MEDIUM, YOUTH LARGE, ADULT
SMALL, ADULT MEDIUM, ADULT LARGE

MY SON IS a ___ NON-SWIMMER, ___ BEGINNER(CAN SWIM 25 YARDS WITHOUT STOPPING),
___ SWIMMER(CAN SWIM 100 YARDS
USING CRAWL AND BACK STROKE)

FEE: EARLY BIRD \$35 _____, REGULAR \$40 _____, LATE \$45 _____

HEALTH AND MEDICAL HISTORY

CHECK ANY MEDICAL CONDITIONS YOUR SON HAS:

___ ASTHMA ___ FAINTING SPELLS ___ CONVULSIONS ___ ALLERGY TO ANY FOOD,

MEDICATION, PLANT, ANIMAL, OR INSECT STING

___ BLEEDING DISORDER ___ DIABETES ___ HEART TROUBLE ___ OTHER

EXPLAIN _____

DOES YOUR SON HAVE ANY PHYSICAL OR BEHAVIORAL CONDITIONS WE SHOULD BE AWARE
OF? _____

_____ ARE YOUR SON'S
IMMUNIZATIONS UP TO DATE? _____ IF NOT, EXPLAIN _____

ANY REASON FOR MEDICATIONS TO BE TAKEN AT CAMP? _____ ALL MEDICATIONS MUST BE IN
ORIGINAL CONTAINER, LABELED, AND GIVEN TO THE CAMP NURSE UPON ARRIVAL AT CAMP.

LIST MEDICATIONS AND DIRECTIONS HERE _____

MEDICAL INSURANCE CARRIER _____ GROUP OR POLICY
NUMBER _____

FAMILY DOCTOR _____ PHONE _____

PARENT AUTHORIZATION:

I GIVE PERMISSION FOR THE CAMP NURSE TO ADMINISTER TO MY SON, APPROPRIATE PEDIATRIC DOSES OF THE FOLLOWING OVER-THE-COUNTER MEDICATIONS IF NEEDED DURING CAMP HOURS: CHECK ANY ____ CHILDREN'S TYLENOL ____ BENADRYL ____ PEPTO BISMOL

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IN THE EVENT I CANNOT BE REACHED, I HEREBY GIVE MY PERMISSION TO THE PHYSICIAN SELECTED BY THE ADULT LEADER IN CHARGE TO SECURE PROPER TREATMENT INCLUDING HOSPITALIZATION, ANESTHESIA, OR INJECTION OF MEDICATIONS FOR MY SON.

REGARDING TRANSPORTATION TO CAMP, I UNDERSTAND THAT I AM RESPONSIBLE FOR ARRANGING TRANSPORTATION FOR MY SON TO AND FROM DAY CAMP. I RELEASE THE DAY CAMP STAFF AND BLACK SWAMP COUNCIL FROM RESPONSIBILITY IN THE EVENT OF IRREGULARITIES.

I GIVE MY PERMISSION FOR THE RELEASE OF PHOTOS INCLUDING MY SON FOR USE IN PROMOTIONS BY THE BSAC.

SIGNED _____ DATE _____

PARENT OR GUARDIAN

PLEASE ATTACH PHOTO OF YOUR SON TO UPPER RIGHT CORNER OF THIS FORM.

PLEASE NOTE ANY SPECIAL CONSIDERATIONS REGARDING TRANSPORTATION AND CUSTODY, ETC. ON REVERSE OF THIS FORM.

EACH TIGER CUB MUST BE ACCOMPANIED BY AN ADULT FOR THE ENTIRE DAY CAMP.

THIS FORM MUST BE TURNED IN ALONG WITH ALL DAY CAMP FEES.