

# Suwannee River Area Council

## PDL Cub Scout Day Camp 2017

PDL CSDC @ Maclay Gardens (Tallahassee)  
JUNE 5-9, 2017 - from 9am – 4pm

### Camper Registration

Pack# \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

➔ **Scout Rank In FALL 2017**  Tot  Tiger  Wolf  Bear  Webelos  Arrow of Light Grade in Fall 2017 \_\_\_\_\_ Birth Date \_\_\_\_\_

Mother's Name \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

**BEST** E-Mail \_\_\_\_\_

In case Parents or Guardians can not be reached, In an emergency who else should be notified? This must be a local person who can pick up the camper if needed.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Please list who can pick up your child from day camp (legal names): \_\_\_\_\_

#### BSA Camp Standards state that there MUST be a 1:4 Adult to Camper ratio every day.

This requires that each Pack provide appropriate coverage for their campers each session each day. It is important that parents volunteer so the 1:4 ratio can be maintained on den and camp levels. **Each adult must complete a separate adult registration form.**

Days the child's parents are volunteering.  M  T  W  R  F Adult Volunteer name: \_\_\_\_\_

#### Camp Fees and Discounts

Send completed registration forms and payment to:

**Suwannee River Area Council; 2032 Thomasville Rd.; Tallahassee FL 32308**

OR e-mail: Billy.Hartsfield@scouting.org

Cub Scout TOT Lot

Early Bird Registration (through 5 May) . . . . . \$110 . . . . . \$55

Regular Registration (5/6 – 5/12) . . . . . \$125 . . . . . \$65

Late Registration (5/13 -5/19 **NO REG. AFRTER 5/19**) . . . . . \$150 . . . . . \$85

Day Camp with 5-day Volunteer for a single Scout . . . . . \$ 80

Day Camp with 5-day Den Leader for a single Scout . . . . . \$ 55

Camp Fee . . . . . \$ \_\_\_\_\_

Extra T-Shirts # \_\_\_\_\_ x \$10 each . . . . . \$ \_\_\_\_\_

Total . . . . . \$ \_\_\_\_\_

**One Camper T-Shirt** is provided.

Extra shirts cost \$10.00 each

YM (10-12)  YL (14-16)

AS  AM

AL  AXL

A2XL  A3XL

#### Refund Policy:

Written refund requests must be received by the Council ten days prior to the beginning of camp. A service charge of 25% of the full activity fee will be assessed for all refunds. **Initial:** \_\_\_\_\_

**Talent Release Form** I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs / film / videotapes / electronic representations and / or sound recordings made of me or my child at Day Camp by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication. **Initial:** \_\_\_\_\_

**BSA Health & Medical Record Part A** for the person named above. To be filled out by parent or guardian annually for all participants.

Check all items that apply, past or present, to your health history, Explain any "Yes" Answers.

Health/Accident Ins. Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Personal Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Medical History – Are you now or have you ever been treated for any of the following: Allergies or Reaction to: Medication \_\_\_\_\_

Asthma  Bleeding disorders Food, Plants, or Insect Bites \_\_\_\_\_

Diabetes  Fainting spells Medications: List all medications Including Inhalers and EpiPens

Hypertension (High Blood Pressure)  Thyroid disease Medication \_\_\_\_\_ Strength \_\_\_\_\_ Frequency \_\_\_\_\_

Heart Disease (i.e. CHF, CAD, MI)  Kidney disease Date Started \_\_\_\_\_ Reason \_\_\_\_\_  Temp.  Perm.

Stroke/TIA  Sickle cell disease Distribution approved by: \_\_\_\_\_

COPD  Seizures Immunizations: If had disease, put "D" and year

Ear/sinus problems  Sleep disorders (i.e. sleep apnea)  Tetanus \_\_\_\_\_  Mumps \_\_\_\_\_  Hepatitis A \_\_\_\_\_

Muscular / skeletal conditions  GI problems (i.e. abdominal, digestive)  Pertussis \_\_\_\_\_  Rubella \_\_\_\_\_  Hepatitis B \_\_\_\_\_

Menstrual problems  Surgery  Diphtheria \_\_\_\_\_  Polio \_\_\_\_\_  Influenza \_\_\_\_\_

Psychiatric/psychological and emotional difficulties  Serious Injury  Measles \_\_\_\_\_  Chicken Pox \_\_\_\_\_  Other(i.e. HIB) \_\_\_\_\_

Learning disorders (i.e. ADHD, ADD)  Other \_\_\_\_\_  Exception to Immunizations claimed

I give my permission for full participation in BSA programs, subject to limitations noted herein. IN CASE OF EMERGENCY, I understand every effort will be made to contact me (If an adult, my spouse or next of kin). In the event I can not be reached, I hereby give my permission for the licensed health care practitioner selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child (or me if an adult).

Date: \_\_\_\_\_ Signature of Adult / Parent / Guardian: \_\_\_\_\_