

Suwannee River Area Council

PDL Cub Scout Day Camp 2017

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

Adult Registration

Pack# _____
 First Name _____ Last Name _____ Home Phone () _____
 Address _____
 City, Zip _____

BEST E-Mail _____

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 () _____

List all your children who will be attending this day camp.
 First Name _____ Last Name _____ Age _____ Grade Graduated in '17 _____
 First Name _____ Last Name _____ Age _____ Grade Graduated in '17 _____
 First Name _____ Last Name _____ Age _____ Grade Graduated in '17 _____
 First Name _____ Last Name _____ Age _____ Grade Graduated in '17 _____
 To ensure that the camp has the required 1:4 adult to camper ratio, dates **can not** be changed without the approval of the pack coordinator or camp director.
 I volunteer for all five days of Day Camp Yes No I will work the following days M T W R F
 Special skill or assignment request _____

Adult Information Find out when registration closes for your camp.
 Do not mail registrations three weeks before camp, Contact the Camp Director.
 Are you a registered Scouter? Yes No
 Are you Youth Protection Trained? Yes No
 Are you CPR/First Aid Trained? Yes No
 Standard Level 1 Level 2 Expiration Date _____
 Child/Infant Adult Both Expiration Date _____
 Are you a Registered Nurse / Physician / EMT? Yes No
 T-Shirts () at \$10 each..... \$ _____

T shirts can be ordered on the left for \$10.00.
 Adult Small
 Adult Medium
 Adult Large
 Adult XL
 Adult 2XL
 Adult 3XL

Each adult must complete a separate adult registration form.
Adults are expected to attend a pre camp training session and assist in any program area.

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: _____

I agree to follow all BSA Standards for adult volunteers at Day Camp. I will attend training sessions and assist in any program area. **I will be at camp on the days indicated.** If I am unable to attend, I will contact the Camp Director.
 Each pack must provide one adult for every four campers attending camp every session every day. 5 campers means 2 adults. To provide the best experience for every Scout, we must have the proper adult coverage to do this.
 Date: _____ Signature of Adult / Parent / Guardian: _____