Suwannee River Area Council
PDL Cub Scout Day Camp 2017

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

Youth Volunteer Registration- Youth Volunteers must be 15 yrs or Star Scout

Troop/Crew# _____

First Name _____Last Name _____ Date of Birth _____

Address _____

City, Zip _____

Parent E-Mail _____ **Parent** Home Phone ( ) _____

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 who can pick up this Scout Volunteer: _____

_____

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 _____

Youth Volunteer Information

Do not mail registrations three weeks before camp, Contact the Camp Director.

Are you a registered Scout?. . …… . . ☐ 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 _____

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

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.

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:

☐ Asthma
☐ Diabetes
☐ Hypertension (High Blood Pressure)
☐ Heart Disease (i.e. CHF, CAD, MI)
☐ Stroke/TIA
☐ COPD
☐ Ear/sinus problems
☐ Muscular / skeletal conditions
☐ Menstrual problems
☐ Psychiatric/psychological and emotional difficulties
☐ Learning disorders (i.e. ADHD, ADD)
☐ Bleeding disorders
☐ Fainting spells
☐ Thyroid disease
☐ Kidney disease
☐ Sickle cell disease
☐ Seizures
☐ Sleep disorders (i.e. sleep apnea)
☐ GI problems (i.e. abdominal, digestive)
☐ Surgery
☐ Serious Injury
☐ Other _____

Allergies or Reaction to: Medication _____

Food, Plants, or Insect Bites _____

Medications: List all medications Including Inhalers and EpiPens

Medication _____ Strength _____ Frequency _____

Date Started _____ Reason _____ ☐ Temp. ☐ Perm.

Distribution approved by: _____

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

☐ Tetanus _____ ☐ Mumps _____ ☐ Hepatitis A _____
☐ Pertussis _____ ☐ Rubella _____ ☐ Hepatitis B _____
☐ Diphtheria _____ ☐ Polio _____ ☐ Influenza _____
☐ Measles _____ ☐ Chicken Pox_____ ☐ Other(i.e. HIB) _____
☐ 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: _____