

2008 DAY CAMP REGISTRATION AND HEALTH FORM

DAY CAMP

3 digit # on Flier # 233 Location Oak Mountain St. Park Date July 21-25

My Cub Scout's Rank is _____ Grade completed by May 2008 _____

CUB SCOUT NAME _____ DISTRICT _____

ADDRESS _____ AGE _____ PACK# _____

CITY _____ ZIP _____ HOME PHONE _____

PARENT/GUARDIANS NAME _____

ADDRESS _____ HOME PHONE _____

CITY _____ ZIP _____ WORK PHONE _____

EMAIL ADDRESS _____

YES, I WILL WORK AS A VOLUNTEER, PLEASE CALL ME AT THE FOLLOWING NUMBERS

HOME _____ WORK _____ CELL _____

DAYS I CAN WORK MON _____ TUES _____ WEDS _____ THURS _____ FRI _____ ALL WEEK _____

***LEADER'S DISCOUNT IS FOR LEADERS WHO WORK ALL WEEK: \$30.00 DISCOUNT FOR FIRST CHILD AND \$20.00 DISCOUNT FOR SECOND CHILD. NO OTHER DISCOUNTS APPLY.**

ALL WEEK LEADER'S DISCOUNT

CUB SCOUT HEALTH INFORMATION

Height _____ Weight _____ Eye Color _____ Hair Color _____

List persons authorized to present your child for medical treatment or transport to and from Camp.

1. _____ Cell Phone _____

2. _____ Cell Phone _____

3. _____ Cell Phone _____

If parent/guardian or persons named above are not available in the event of an emergency, notify:

Name _____ Relationship _____ Cell Phone _____

Name _____ Relationship _____ Cell Phone _____

Name of Personal Physician _____ Phone _____

Personal Health/Accident Insurance Carrier _____ Policy Number _____

★ **PARENTS/GUARDIANS - FILL OUT THE SIZE YOUR CHILD WILL MOST LIKELY WEAR!:**

YOUTH T-SHIRT SIZE

Y/S _____ Y/M _____ Y/L _____ A/SM _____ A/M _____ A/LG _____ A/XLG _____

ADULT T-SHIRT SIZE (for core staff and week long walking den leaders)

ASM _____ AM _____ ALG _____ XLG _____ XXLG _____ 3X _____

EXTRA SHIRTS FOR SALE- \$10.00 EACH

Y/S _____ Y/M _____ Y/L _____ A/SM _____ A/M _____ # _____ X \$10.00 = _____

A/LG _____ A/XLG _____ XXLG _____ 3X _____

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

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

ALLERGIES: (Food, Medicines, Insects, Plants) Yes No Explain: _____

GENERAL INFORMATION: Check any that apply, past or present, and explain below

- ADHD (Attention-Deficit Hyperactivity Disorder) Convulsions/seizures Hemophilia
 Asthma Diabetes High blood pressure
 Kidney disease Cancer/leukemia Heart trouble

Explain: _____

Please list ALL medications taken in the 30 days prior to arrival at Day Camp. _____

List any medications to be taken at camp, including drug, dosage, route (oral, injection, etc.), and frequency: _____

(If your child will require regular medication at camp it is to be turned into the Health Officer each morning in its original container with its instructions. Exceptions to this include certain medications, such as inhalers or EpiPens that need to be with the child)

List any physical or behavioral conditions that may affect or limit full participation in swimming, playing strenuous physical games, or other activities: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc. _____

Immunizations: (Give date of last inoculation. Circle vaccine given)

Tetanus toxoid or DPT _____ Measles or MMR _____ Polio _____
Hepatitis A _____ Hepatitis B _____ Varicella or Chicken pox _____

Are there any medical or behavioral conditions that the staff should be aware of? (For privacy reasons, this is the only information that will be given to den leaders so if den leader needs to know something, please list it here) _____

I am providing additional medical information on this child on a separate piece of paper (Den Leader Advisory Form).

Health Officer May Administer:

Benadryl Tylenol (Amount) _____ Advil (Amount) _____ How Often _____

I give 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. In the event I cannot be reached, I hereby give my permission to 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.

Signature _____ Date _____

\$25.00 LATE FEE MUST BE INCLUDED IF APPLICATION AND FEES ARE NOT RECEIVED THREE WEEKS PRIOR TO CAMP. FOR MORE INFORMATION CONTACT JEFF BRASHER AT 205-970-0251 OR JBRASHER@1BSA.ORG

Fees: Registration _____ Late Fee _____ T-Shirt Purchase _____ Total Amount Due _____

I am paying by (Check One) Cash Check Visa MasterCard Discover

CARD # _____ EXP DATE _____

NAME ON CARD _____

SIGNATURE (REQUIRED) _____

Mail completed form with payment to:

Greater Alabama Council, BSA
P.O. Box 43307, Birmingham, AL 35243 or by fax 205-970-0349

REFUNDS IN ACCORDANCE WITH GAC REFUND POLICY AND WILL BE CONSIDERED IF SUBMITTED AT LEAST ONE WEEK PRIOR TO EVENT