

# 2009 CUB SCOUT DAY CAMP REGISTRATION FORM

A separate form is required for EACH Scout/Youth for EACH week/location of attendance.

Location Name Attending: \_\_\_\_\_

Camper's Pack Number: \_\_\_\_\_ Camper's Pack's District: \_\_\_\_\_

Please Select One:

- Cub Scout (register male Scout ages 1-5 grade; new Tiger Cubs must have an adult partner with them at camp)
- Tot-Lot Camper (youth ages 3-5 years old; must be potty-trained)
- Tag-a-long Camper (youth ages 6-10 years old; must be joining a parent in attendance each day at camp)

**During the 2009/2010 School Year, my Cub Scout will be a (CIRCLE ONE)**

Tiger (1st Grade)      Wolf (2nd Grade)      Bear (3rd Grade)      Webelos (4th Grade)      Webelos (5th grade)

- YES! I want to volunteer at camp! (Please complete separate Day Camp Adult Volunteer Registration Form)
- YES! I want to donate supplies!      Type of Supplies \_\_\_\_\_

**AT LEAST ONE ADULT MUST VOLUNTEER ALL WEEK FOR EVERY 5 BOYS REGISTERED PER PACK.**

Camper Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (on June 1, 2009): \_\_\_\_\_

Adult Contact Name: \_\_\_\_\_

Adult Contact E-mail: \_\_\_\_\_

Adult Contact Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Additional Adult/Guardian Name: \_\_\_\_\_

**T-SHIRTS:** Included in Day Camp fee for Cub Scouts, Tot-Lot and Tag-a-Long Campers. Relatives can purchase T-shirt, through quantities are limited and distributed on a first pay, first serve basis. Please indicate size and quantities below.

\_\_\_\_\_ Youth Extra Small (4-5)      \_\_\_\_\_ Youth Small (6-8)      \_\_\_\_\_ Youth Medium (10-12)      \_\_\_\_\_ Youth Large (14-16)  
 \_\_\_\_\_ Adult Small      \_\_\_\_\_ Adult Medium      \_\_\_\_\_ Adult Large      \_\_\_\_\_ Adult X-Large  
 \_\_\_\_\_ Adult 2X-Large      \_\_\_\_\_ Adult 3X Large

INDIVIDUAL REGISTRATION FEES		Please review our cancellation policy online at <a href="http://www.nfcscouting.org">www.nfcscouting.org</a>	
# of Cub Scouts (registered on or before May 15, 2009)	@ \$70	=	\$ _____
# of Cub Scouts (registered after May 15, 2009)	@ \$85	=	\$ _____
# Cub Scout for Black Creek Twilight Camp	@ \$50	=	\$ _____
# Tot-Lot/Tag-A-Long Campers	@ \$25	=	\$ _____
# Needing Extended Care (at participating locations only)	@ \$20	=	\$ _____
# of Additional T-shirts	@ \$12	=	\$ _____
<b>TOTAL FEES ENCLOSED</b>		=	\$ _____

Mail Completed Form and Payment to :

North Florida Council  
521 S. Edgewood Ave.  
Jacksonville, FL 32205

*NOTE: By submitting a registration form, you are authorizing the North Florida Council, BSA to take photos of your Scout and family for promotional purposes ONLY. Photos will not be sold or utilized for any use outside of youth and volunteer recruitment by the North Florida Council, BSA.*

**Type of Payment (CIRCLE ONE)**      Cash      Check      Credit Card

Make Checks Payable to: The North Florida Council

Credit Card Payment

Name of Cardholder: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3-Digit Code: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Cub Scout/Tot/Tag-a-long Name: \_\_\_\_\_

**CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY** To be filled out by parent, guardian, or adult participant. Please print in ink.

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_ CONTACT WORK OR CELLULAR \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If person named above is not available in the event of an emergency, notify

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

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 (if participant is an adult, my spouse or next of kin). 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 (or for me, if participant is an adult).

**Date** \_\_\_\_\_ **Signature of parent/guardian or adult** \_\_\_\_\_

Check all items that apply, **past or present**, to your child's health history. Explain any "Yes" answer

**ALLERGIES:** Food, medicines, insects, plants **Y/N** Explain: \_\_\_\_\_

**GENERAL INFORMATION: Circle Y (yes) N (no) for all that apply**

**Y/N** ADHD (Attention-Deficit Hyperactivity Disorder) **Y/N** Convulsions/seizures **Y/N** Hemophilia **Y/N** Asthma

**Y/N** Diabetes **Y/N** High blood pressure **Y/N** Cancer/leukemia **Y/N** Heart trouble **Y/N** Kidney Disease

**Y/N** Explain: \_\_\_\_\_

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used:

List any medications to be taken at camp: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: \_\_\_\_\_

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: \_\_\_\_\_

**Immunizations:** (Give date of last inoculation.) Tetanus toxoid \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_

Diphtheria \_\_\_\_\_ Mumps \_\_\_\_\_ Pertussis (Whooping Cough) \_\_\_\_\_ Rubella \_\_\_\_\_