

# BLACK CREEK CUB SCOUT MINI-CAMP REGISTRATION FORM

A separate form is required for EACH Scout.

**St Luke's Catholic Church (July 29-31, 2010)**  
**Thur. & Fri. 6pm to 9:30pm / Sat 9am to 4pm**  
1606 Blanding Blvd., Middleburg, FL 32068

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

Cub Scout (registered male Scout Grades 1-5;  
Tiger Cubs, entering First Grade, must have a adult partner at camp)

**During the 2010/2011 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 Camp Adult Volunteer Registration Form)  
 YES! I want to donate supplies!    Type of Supplies \_\_\_\_\_

**AT LEAST ONE ADULT MUST VOLUNTEER 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: \_\_\_\_\_

Additional Adult Contact Phone: \_\_\_\_\_

## INDIVIDUAL REGISTRATION FEES

St. Lukes Catholic Church Neighborhood Camp (July 23-25)    @ \$25 = \$ \_\_\_\_\_

**TOTAL FEES ENCLOSED** = \$ \_\_\_\_\_

**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: \_\_\_\_\_

Mail Completed Form and Payment to : North Florida Council  
521 S. Edgewood Ave.  
Jacksonville, FL 32205

Please review our cancellation policy online at [www.nfscouting.org](http://www.nfscouting.org)

**Cost Code 675**

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 \_\_\_\_\_