

**2017 Orange County Council
Cub Scout Day Camp
Keystaff Camper Registration**

To be turned in by the keystaff member
for the camper they are sponsoring
A Medical Form is also required
daycamps.ocbsa.org/medical.htm

Keystaff Member Information

Name _____
District (Camp) _____ Unit type and number _____
Email _____
Phone _____

Camper Information

Name _____
District (Camp) _____ Unit Type and Number _____
Email _____
Address _____
City, State, Zip _____
Phone _____
Current Rank _____ Rank Fall 2017 _____ Grade in Fall 2017 _____
Birth date _____ Age at Camp _____ Boy _____ / Girl _____

Mothers Name (First and Last) _____
Mothers Phone _____
Fathers Name (First and Last) _____
Fathers Phone _____

Is there a major medical issue? Yes _____ / No _____

Everyone at camp needs to give a hard copy of the form with a copy of their insurance card to the camp director. You can download the PDF medical form at: daycamps.ocbsa.org/medical.htm

Emergency Contact 1 (Not a Parent)

Name (First and Last) _____
Relationship _____ Phone _____

Emergency Contact 2 (Not a Parent)

Name (First and Last) _____
Relationship _____ Phone _____

T Shirt Size YM ____ YL ____ AS ____ AM ____

Notes _____

Extra T Shirts (\$10 each) ____ (Extra shirts are not part of a key staff campership)
Total _____