

Adult Registration

- Los Amigos 7/16-20
 El Camino Real 6/25-29
 Orange Frontier 7/23-27
 Portola 7/23-27
 Pacifica 7/9-13 AM
 El Capitan 7/23-27
 Canyons 7/9-13
 Saddleback 6/25-29 AM
 Pacifica 7/9-13 PM
 Rancho Del Mar 7/9-13
 Saddleback 6/25-29 PM

Orange County Council Cub Scout 2012 Day Camp
Pack# _____

First Name _____ Last Name _____ Home Phone () _____

Address _____ Primary Language _____

City, Zip _____ Secondary Language _____

E-Mail _____ Are you a member of the Order of the Arrow? Yes No

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 all your children who will be attending this day camp (Campers, Siblings and Youth)

First Name _____ Last Name _____ Age _____ Camper/Sibling/Youth

First Name _____ Last Name _____ Age _____ Camper/Sibling/Youth

First Name _____ Last Name _____ Age _____ Camper/Sibling/Youth

First Name _____ Last Name _____ Age _____ Camper/Sibling/Youth


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 T F

Special skill or assignment request _____

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 Cub, we must have the proper adult coverage.

Date: _____ Signature of Adult / Parent / Guardian: _____ 

Each adult must complete a separate adult registration form.

Adults are expected to attend a pre camp training session and assist in any program area.

Adults working 3-5 days will receive a \$10 Scout Shop certificate and a free camp T-shirt (see box below)

Adult Information

Find out when registration closes for your camp.

Do Not mail registrations three weeks before camp. Contact the Camp Director for instructions.

Are you a registered Scouter? 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 _____

Are you a Registered Nurse / Physician / EMT? Yes No

Extra T Shirts () at \$10 each \$ _____

One Adult T-Shirt is provided for adults working 3 or more days
Extra shirts can be ordered on the left

- Adult Small
- Adult Medium
- Adult Large
- Adult XL
- Adult 2XL
- Adult 3XL

Pictures may be taken of your child or you while at Daycamp for use in promotional publications or on the web site.

To decline participation, please initial here: _____

BSA Health & Medical Record Part A

For the person named above To be filled out by parent or guardian annually for all participants

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, explain:

- | | |
|---|---|
| <p>Y N</p> <p><input type="checkbox"/> Asthma Last attack: _____</p> <p><input type="checkbox"/> Diabetes Last HbA1C: _____</p> <p><input type="checkbox"/> Hypertension (High Blood Pressure)</p> <p><input type="checkbox"/> Heart Disease (i.e., CHF, CAD, MI)</p> <p><input type="checkbox"/> Stroke/TIA</p> <p><input type="checkbox"/> Lung/respiratory disease</p> <p><input type="checkbox"/> Ear/sinus problems</p> <p><input type="checkbox"/> Muscular/skeletal condition</p> <p><input type="checkbox"/> Menstrual problems (women only)</p> <p><input type="checkbox"/> Psychiatric/psychological and emotional difficulties</p> <p><input type="checkbox"/> Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)</p> | <p>Y N</p> <p><input type="checkbox"/> Bleeding disorders</p> <p><input type="checkbox"/> Fainting spells</p> <p><input type="checkbox"/> Thyroid disease</p> <p><input type="checkbox"/> Kidney disease</p> <p><input type="checkbox"/> Sickle cell disease</p> <p><input type="checkbox"/> Seizures Last seizure: _____</p> <p><input type="checkbox"/> Sleep disorders (i.e., sleep apnea)</p> <p>Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Abdominal/digestive problems</p> <p><input type="checkbox"/> Surgery</p> <p><input type="checkbox"/> Serious injury</p> <p><input type="checkbox"/> Other _____</p> |
|---|---|

Allergies or Reaction to: Medication _____
Food, Plants, or Insect Bites _____

Medications List all medications currently used. Inhalers and EpiPens must be included.
Medication _____ Strength _____ Frequency _____
Date Started _____ Reason _____

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

<input type="checkbox"/> Tetanus _____	<input type="checkbox"/> Mumps _____	<input type="checkbox"/> Hepatitis A _____
<input type="checkbox"/> Pertussis _____	<input type="checkbox"/> Rubella _____	<input type="checkbox"/> Hepatitis B _____
<input type="checkbox"/> Diphtheria _____	<input type="checkbox"/> Polio _____	<input type="checkbox"/> Influenza _____
<input type="checkbox"/> Measles _____	<input type="checkbox"/> Chicken Pox _____	<input type="checkbox"/> Other _____

Exception to immunizations claimed (form required). See Scouting Safely on Scouting.org.

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 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 me if an adult).

Date: _____ Signature of Adult / Parent / Guardian: _____ 