

# Camper Registration

Orange County Council Cub Scout 2012 Day Camp

Pack# \_\_\_\_\_

- 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

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

➔ Scout Rank in FALL 2012  Tiger  Wolf  Bear  Webelos 1  Webelos 2 Grade in Fall 2012 \_\_\_\_\_ Birth Date \_\_\_\_\_

Mother's Name \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Primary Language \_\_\_\_\_

City, Zip \_\_\_\_\_ Secondary Language \_\_\_\_\_

E-Mail \_\_\_\_\_

In case Parents or Guardians can not be reached, 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 ( ) \_\_\_\_\_

Please list who **can** pick up your child from day camp. \_\_\_\_\_

## BSA Camp Standards state that there MUST be a 1:4 Adult to Camper ratio every day.

This requires that each Pack or Den provide appropriate coverage for their campers each session each day. It is important that parents volunteer so the 1:4 ratio can be maintained on den and camp levels. Adults volunteering 3 to 5 days will receive a camp T-shirt and \$10 Scout Shop certificate

### Each adult must complete a separate adult registration form.

Days this child's parents are volunteering.  M  T  W  T  F Parent at camp \_\_\_\_\_

### Camp Fees and Discounts Find out when registration closes for your camp.

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

Camp Fee . . . . . \$130

My Unit is a Founders Unit - \$5 Discount  - \_\_\_\_\_

Registration in by Scout-O-Rama (May 12, 2012) - \$10 Discount  - \_\_\_\_\_

Extra T Shirts ( ) at \$10 each  + \_\_\_\_\_

Paperwork not turned in one month before camp +\$20 Late Fee  + \_\_\_\_\_

**Total Due:** . . . . . \$ \_\_\_\_\_

Amount Paid: . . . . . \$ \_\_\_\_\_

Balance Due: . . . . . \$ \_\_\_\_\_

Campership form turned in to Council on \_\_\_\_\_ for consideration. **Turn in your registration right away**, do not wait for a response on the campership.

A **Non-refundable** \$50 deposit can hold your place, the remainder is due 30 days before camp.

### One Camper T-Shirt is provided

Extra shirts can be ordered on the left

- Youth Medium (10-12)  
 Youth Large (14-16)  
 Adult Small  
 Adult Medium

**Cancellation Policy:** All refunds need to be requested in writing and submitted to the Council office three weeks prior to the start of camp. All refunds are subject to a \$50 cancellation fee. Initial: \_\_\_\_\_

**California Penal Code Section 12552** Furnishing firearms to Minors under 18 without permission of parent. Every person who furnishes any firearm, air gun or gas operated gun, designed to fire a bullet, pellet, or metal projectile, to any minor under the age of 18 years, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. I give my permission for the above child to use a firearm as described above.

I give my permission for this child to participate in the following Day Camp Activities at this Day Camp. Not all camps do all of these activities.

Archery:  Yes  No Signature of Adult / Parent / Guardian: \_\_\_\_\_

BB Guns:  Yes  No Signature of Adult / Parent / Guardian: \_\_\_\_\_

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:

- |  |  |
|--|--|
| Y N  | Y N  |
| <input type="checkbox"/> Asthma Last attack: _____   | <input type="checkbox"/> Bleeding disorders                        |
| <input type="checkbox"/> Diabetes Last HbA1c: _____  | <input type="checkbox"/> Fainting spells                           |
| <input type="checkbox"/> Hypertension (High Blood Pressure)                                | <input type="checkbox"/> Thyroid disease                           |
| <input type="checkbox"/> Heart Disease (i.e., CHF, CAD, MI)                                | <input type="checkbox"/> Kidney disease                            |
| <input type="checkbox"/> Stroke/TIA  | <input type="checkbox"/> Sickle cell disease                       |
| <input type="checkbox"/> Lung/respiratory disease  | <input type="checkbox"/> Seizures Last seizure: _____              |
| <input type="checkbox"/> Ear/sinus problems  | <input type="checkbox"/> Sleep disorders (i.e., sleep apnea)       |
| <input type="checkbox"/> Muscular/skeletal condition                                       | Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Menstrual problems (women only)                                   | <input type="checkbox"/> Abdominal/digestive problems              |
| <input type="checkbox"/> Psychiatric/psychological and emotional difficulties              | <input type="checkbox"/> Surgery                                   |
| <input type="checkbox"/> Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism) | <input type="checkbox"/> Serious injury                            |
|  | <input type="checkbox"/> Other _____                               |

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  
 Tetanus \_\_\_\_\_  Mumps \_\_\_\_\_  Hepatitis A  
 Pertussis \_\_\_\_\_  Rubella \_\_\_\_\_  Hepatitis B  
 Diphtheria \_\_\_\_\_  Polio \_\_\_\_\_  Influenza  
 Measles \_\_\_\_\_  Chicken Pox \_\_\_\_\_  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: \_\_\_\_\_