

**2017 Orange County Council
Cub Scout Day Camp
Adult Volunteer Registration**

A medical form is also required
daycamps.ocbsa.org/medical.htm

Date _____

Adult Volunteer Information

Name _____
District (Camp) _____ Unit Type and Number _____
Email _____
Address _____
City, State, Zip _____
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 Spouse

Name (First and Last) _____
Relationship _____ Phone _____

Emergency Contact 2 - Not a Spouse

Name (First and Last) _____
Relationship _____ Phone _____

Days at Camp Mon ____ Tue ____ Wed ____ Thur ____ Fri ____

Youth at Camp

Full Name _____ Camper ____ / Sibling ____ / Youth ____
Full Name _____ Camper ____ / Sibling ____ / Youth ____
Full Name _____ Camper ____ / Sibling ____ / Youth ____
Full Name _____ Camper ____ / Sibling ____ / Youth ____
Full Name _____ Camper ____ / Sibling ____ / Youth ____

T Shirt Size AS ____ AM ____ AL ____ XL ____ 2X ____ 3X ____

Registered Scouter Yes _____ / No _____

BSA Personal Id Number (PID) _____

Youth Protection Trained Yes _____ / No _____ Expires _____

CPR & First Aid Trained Yes _____ / No _____ Expires _____

Registered Nurse / Physician / EMT Yes _____ / No _____

Order of the Arrow member Yes _____ / No _____

Notes _____

Extra T Shirts (\$10 each) _____

Total _____