

**2019 Orange County Council  
Cub Scout Day Camp  
Adult Volunteer Registration**

A medical form is also required  
[daycamps.ocbsa.org/medical.htm](http://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](http://daycamps.ocbsa.org/medical.htm)

Spouse \_\_\_\_\_ Phone \_\_\_\_\_

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 \_\_\_ / Tot \_\_\_ / Youth \_\_\_  
Full Name \_\_\_\_\_ Camper \_\_\_ / Tot \_\_\_ / Youth \_\_\_  
Full Name \_\_\_\_\_ Camper \_\_\_ / Tot \_\_\_ / Youth \_\_\_  
Full Name \_\_\_\_\_ Camper \_\_\_ / Tot \_\_\_ / Youth \_\_\_  
Full Name \_\_\_\_\_ Camper \_\_\_ / Tot \_\_\_ / 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** \_\_\_\_\_