

2017 Orange County Council

Cub Scout Day Camp

Sibling Registration

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

Date _____

Sibling Information Siblings must be at least three years old and potty trained

Siblings can only be in camp while their parent is at camp

Name _____

Email _____

District (Camp) _____ Unit Type and Number _____

Address _____

City, State, Zip _____

Phone _____

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 _____

Days at Camp Mon ____ Tue ____ Wed ____ Thur ____ Fri ____ (\$5 per day, \$20 maximum)

T Shirt Size YS ____ YM ____ YL ____ AS ____ AM ____

Notes _____

Registration fee (\$5 per day, \$20 maximum) _____

Extra T Shirts (\$5 each) _____

Total _____