

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

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

Youth Volunteer Information

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

Rank _____ Birth date _____ Age _____ 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 ____

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

CPR & First Aid Trained Yes _____ / No _____ Expires _____
Order of the Arrow member Yes _____ / No _____

Notes _____

Extra T Shirts (\$10 each) _____
Other Camp Specific fee _____
Total _____