

**2019 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 \_\_\_\_

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)

Mothers Name (First and Last) \_\_\_\_\_  
Mothers Phone \_\_\_\_\_  
Fathers Name (First and Last) \_\_\_\_\_  
Fathers Phone \_\_\_\_\_

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** \_\_\_\_\_