

ADULT/DEN CHIEF

Day Camp Application

Packs must provide one (1) adult leader for every four (4) boys that attend camp. All adults must be currently registered with BSA.

Copy as needed and turn in all applications as a Pack on the Early Bird Special Date for your District
or mail to the Enid Scout Service Center: 317 North Grand St. Enid, OK 73701

Please fill out a separate form for each Volunteer that is attending camp.

Day Camp Name _____ Camp Dates: _____ Fee Paid _____

<p>Name _____ Address _____ City _____ Zip _____ Phone (H) _____ (W) _____ (M) _____ E-mail where you can receive day camp information: → _____ [] Pack or [] Troop # _____</p>	<p align="center">(HEALTH FORM CONTINUED)</p> <p>Personal Health/accident insurance: _____ Policy No. _____ Allergies: _____ _____ Medications to be taken at camp—please include instructions: _____ _____ Medications taken at home, if different: _____ Immunizations Current? <u>YES</u> <u>NO</u></p> <table border="0"><tr><td>Kidney Disease</td><td><u>Yes</u> <u>No</u></td><td>Convulsions</td><td><u>Yes</u> <u>No</u></td></tr><tr><td>Heart Trouble</td><td><u>Yes</u> <u>No</u></td><td>Asthma</td><td><u>Yes</u> <u>No</u></td></tr><tr><td>Diabetes</td><td><u>Yes</u> <u>No</u></td><td>High Blood Press.</td><td><u>Yes</u> <u>No</u></td></tr></table> <p>Other: _____ Notes to Camp Medic: _____ _____ *All medications are to be given by camp medical officer including nonprescription and over-the-counter medications.</p>	Kidney Disease	<u>Yes</u> <u>No</u>	Convulsions	<u>Yes</u> <u>No</u>	Heart Trouble	<u>Yes</u> <u>No</u>	Asthma	<u>Yes</u> <u>No</u>	Diabetes	<u>Yes</u> <u>No</u>	High Blood Press.	<u>Yes</u> <u>No</u>
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<p>SHIRTSIZE → AS AM AL XL 2XL 3XL Small-XLarge: \$6.00 2XLarge & up: \$8.00 Uniform is required at camp. This consists of either the day camp T-shirt or the official Boy Scout Uniform.</p>													
<p>I will have children with me in the Tot Lot program: <u>Yes</u> <u>No</u> Please fill out the Cub Scout Day Camp Application for each child. Check with specific camps to find out if the Tot Lot program is being offered.</p>													
<p align="center">HEALTH FORM</p> <p>Emergency Contact information: Name: _____ Phone: _____ Physician: _____ Phone: _____</p>													

(CIRCLE ALL THAT APPLY TO YOU)

- Days volunteering at camp: Mon. Tues. Wed. Thurs. Fri.
- Registered with BSA? Yes No
(If "No," please fill out an official Boy Scouts Adult Application and turn in with the day camp application)
- Do you have a current CPR card? Yes No Do you have a current First Aid card? Yes No
- I am interested in helping in the following areas (circle as many as applicable):

Den Chief	Den Leader	Tot Lot/Child Care	Crafts	Canoeing	Archery	Knots
BB Guns	Fishing	Woodworking	Nature	Cooking	Bike Safety	Leather
Swimming	Boating	Camp Supplies	Medic	Sports		

Notes to the Camp Director and Program Director and/or special skills/certifications:

All health history information included in this registration form is correct so far as I know and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I understand every effort will be made to contact me or my designated emergency contact. In the event that person cannot be reached, I hereby give my permission to the physician selected by the leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my son or myself. I also give permission to the Cimarron Council to use photographs of my son or me for the promotion of the Day Camp program.

Signature _____ Date _____