# Resident Camp Application-Adult

**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 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**.

**Camp Dates: _____ Fee Paid_____**

Name_____

Address_____

City_____ Zip_____

Phone (H)_____

(W)_____

(M)_____

E-mail where you can receive camp information:

➔_____

**[] Pack or [] Troop # _____**

SHIRTSIZE ➔ AS AM AL XL 2XL 3XL

Uniform is required at camp. This consists of either the day camp T-shirt or the official Boy Scout Uniform.

## HEALTH FORM

Emergency Contact information:

Name: _____

Phone:_____

Physician: _____

Phone: _____

Personal Health/accident insurance:

_____

Policy No._____

**(HEALTH FORM CONTINUED)**

Allergies:_____

_____

Medications to be taken at camp–please include instructions:

_____

_____

Medications taken at home, if different:

_____

Immunizations Current? **YES** **NO**

| | | | | | |
|---|---|---|---|---|---|
| Kidney Disease | Yes | No | Convulsions | Yes | No |
| Heart Trouble | Yes | No | Asthma | Yes | No |
| Diabetes | Yes | No | High Blood Press. | Yes | No |

Other:_____

Notes to Camp Medic:

_____

_____

_____

***All medications are to be given by camp medical officer including nonprescription and over-the-counter medications.**

**(CIRCLE ALL THAT APPLY TO YOU)**

Days volunteering at camp: **Sunday Monday Tuesday**

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 | Crafts | Canoeing | Archery | Knots |
| BB Guns | Fishing | Woodworking | Nature | Cooking | Bike Safety |
| Swimming | Boating | Camp Supplies | Medic | Sports | Leather |

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 herby 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 Resident Camp program.

Signature _____Date_____