

CUB SCOUT

Resident Camp Application

All boys must be registered with BSA. Packs must provide one (1) adult leader for every four (4) boys that attend camp or have each boy attend with an adult partner.

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 Cub Scout attending camp.

Resident camp is open to all Cub Scouts that will be in the 2nd-5th grade for the 2008-2009 school year.

Camp Dates: _____ Fee Paid _____

<p>Name _____ Address _____ City _____ Zip _____ Parent Name _____ Parent phone (H) _____ Parent phone (W) _____ Parent phone (M) _____ E-Mail where parent can receive camp information: → _____ <input type="checkbox"/> YES, I can volunteer at camp! <i>If yes, please fill out an adult volunteer application and indicate what you are interested in helping with and how many days you are available.</i> <input type="checkbox"/> NO, I cannot help at camp this year.</p> <div style="border: 2px solid black; padding: 5px; margin: 5px 0;"> <p>Rank at camp*: May not be current rank * Rank your son will <u>be</u> working on during 2008-2009 School Year _____ Pack # _____</p> <p><input type="checkbox"/> Wolf (2nd grade or 7 years old) <input type="checkbox"/> Bear (3rd grade or 8 years old) <input type="checkbox"/> Webelos I (4th grade or 9 years old) <input type="checkbox"/> Webelos II (5th grade or 10 years old)</p> </div> <p style="text-align: center;">T - SHIRT SIZE (circle one) YS YM YL AS AM AL AXL</p> <p>All persons allowed to pickup your child from camp. Please include parent name. (your name too!) Name _____ Phone _____ Name _____ Phone _____</p>	<p style="text-align: center;">HEALTH FORM</p> <p>Emergency Contact during camp time. Name _____ Phone _____ Alternate Contact _____ Alt. Contact Phone _____</p> <p>Physician _____ Physician Phone _____ Personal Health/accident insurance: _____ Policy No. _____ Allergies: _____</p> <p>Medications to be taken at camp-please include instructions: _____ _____</p> <p>Medications taken at home: _____ _____</p> <p>Immunizations Current? <u>YES</u> <u>NO</u></p> <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> Other _____</p> <p>Notes to the Camp Medic: _____ _____</p> <p>*All medications are to be given by camp medical officer including nonprescription and over-the-counter medications.</p>
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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. In the event I 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 child. I also give permission to the Cimarron Council to use photographs of my son for the promotion of the Resident Camp program.

Signature of Parent or Guardian _____ Date _____