

Resident Camp Application-Youth

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 2009-2010 school year.

Camp Dates: _____ Fee Paid _____

Name _____ Address _____ City _____ Zip _____ Pack # _____ Parent Name _____ Parent phone (H) _____ Parent phone (W) _____ Parent phone (M) _____ E-Mail where parent can receive camp information: → _____ 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> _____ NO, I cannot help at camp this year.	<div style="border: 2px solid black; padding: 5px; margin-bottom: 5px;"> <p>Rank at camp*: May not be current rank * Rank your son will be working on during 2009-2010 School Year <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> <div style="border: 1px dashed black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center;">T - S H I R T S I Z E (circle one) YS YM YL AS AM AL AXL</p> </div> Emergency Contact during camp time. Name _____ Phone _____ Alternate Contact _____ Alt. Contact Phone _____
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HEALTH FORM

Physician _____ Physician Phone _____
 Personal Health/accident insurance: _____ Policy No. _____
 Allergies: _____
 Medications to be taken at camp-please include instructions:

 Medications taken at home:

Immunizations Current?	<u>YES</u>	<u>NO</u>	
Kidney Disease	<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>	Heart Trouble <u>Yes</u> <u>No</u>
Diabetes	<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>	Asthma <u>Yes</u> <u>No</u>
Other	_____		

Notes to the Camp Medic:

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

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 _____