

CUB SCOUT

Day Camp Application

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

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 Cub Scout and Tot/Sibling attending camp.

All incoming Tigers (boys entering the first grade in the fall or are at least 6 years old) must have an adult partner at camp all day, every day.

Day Camp Name _____ Camp Dates: _____ Fee Paid _____

<p>Name _____</p> <p>Address _____</p> <p>City _____ Zip _____</p> <p>Parent Name _____</p> <p>Parent phone (H) _____</p> <p>Parent phone (W) _____</p> <p>Parent phone (M) _____</p> <p>E-Mail where parent can receive camp information: → _____</p> <p><input type="checkbox"/> YES, I can volunteer at camp! 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.</p> <p><input type="checkbox"/> NO, I cannot help at camp this year.</p> <div style="border: 2px solid black; padding: 5px; margin-top: 10px;"> <p>Rank at camp*: May not be current rank * Rank your son will be working on during 2009-2010 School Year _____ Pack # _____</p> <p><input type="checkbox"/> TOT LOT (children of Staff 4+ years)-if offered</p> <p><input type="checkbox"/> Tiger (1st grade or 6 years old)</p> <p><input type="checkbox"/> Wolf (2nd grade or 7 years old)</p> <p><input type="checkbox"/> Bear (3rd grade or 8 years old)</p> <p><input type="checkbox"/> Webelos I (4th grade or 9 years old)</p> <p><input type="checkbox"/> Webelos II (5th grade or 10 years old)</p> </div> <div style="border: 1px dashed black; padding: 5px; margin-top: 5px; text-align: center;"> <p>T - SHIRT SIZE (circle one) YS YM YL AS AM AL AXL</p> </div> <p>All persons allowed to pickup your child from camp. Please include parent name. (your name too!)</p> <p>Name _____</p> <p>Phone _____</p> <p>Name _____</p> <p>Phone _____</p>	<p style="text-align: center;">HEALTH FORM</p> <p>Emergency Contact during camp time.</p> <p>Name _____</p> <p>Phone _____</p> <p>Alternate Contact _____</p> <p>Alt. Contact Phone _____</p> <p>Physician _____</p> <p>Physician Phone _____</p> <p>Personal Health/accident insurance: _____</p> <p>Policy No. _____</p> <p>Allergies: _____</p> <p>Medications to be taken at camp-please include instructions: _____</p> <p>Medications taken at home: _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Immunizations Current?</td> <td style="width: 15%; text-align: center;"><u>YES</u></td> <td style="width: 15%; text-align: center;"><u>NO</u></td> </tr> <tr> <td>Kidney Disease</td> <td style="text-align: center;">Yes No</td> <td style="text-align: center;">Convulsions Yes No</td> </tr> <tr> <td>Heart Trouble</td> <td style="text-align: center;">Yes No</td> <td style="text-align: center;">Asthma Yes No</td> </tr> <tr> <td>Diabetes</td> <td style="text-align: center;">Yes No</td> <td style="text-align: center;">High Blood Press. Yes No</td> </tr> <tr> <td>Other _____</td> <td></td> <td></td> </tr> </table> <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>	Immunizations Current?	<u>YES</u>	<u>NO</u>	Kidney Disease	Yes No	Convulsions Yes No	Heart Trouble	Yes No	Asthma Yes No	Diabetes	Yes No	High Blood Press. Yes No	Other _____		
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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 Day Camp program.

Signature of Parent or Guardian _____ Date _____