

# 2009 DAY CAMP REGISTRATION AND HEALTH FORM

## DAY CAMP

3 digit # on Filter # \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

Rank \_\_\_\_\_ Grade in Fall 2009 \_\_\_\_\_

CUB SCOUT NAME \_\_\_\_\_ DISTRICT \_\_\_\_\_

ADDRESS \_\_\_\_\_ AGE \_\_\_\_\_ PACK# \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PARENT'S EMAIL ADDRESS \_\_\_\_\_

YES, I WILL WORK AS A VOLUNTEER, PLEASE CALL ME AT THE FOLLOWING NUMBERS

HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

DAYS I CAN WORK MON \_\_\_\_\_ TUES \_\_\_\_\_ WEDS \_\_\_\_\_ THURS \_\_\_\_\_ FRI \_\_\_\_\_ ALL WEEK \_\_\_\_\_

\* LEADER'S DISCOUNT IS FOR LEADERS WHO WORK ALL WEEK: \$30.00 DISCOUNT FOR FIRST CHILD AND \$20.00 DISCOUNT FOR SECOND CHILD. NO OTHER DISCOUNTS APPLY.

ALL WEEK LEADER'S DISCOUNT

## CUB SCOUT HEALTH INFORMATION

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

List persons authorized to present your child for medical treatment or transport to and from Camp.

1. \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. \_\_\_\_\_ Cell Phone \_\_\_\_\_

If parent/guardian or persons named above are not available in the event of an emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

Personal Health/Accident Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

★ PARENTS/GUARDIANS - FILL OUT THE SIZE YOUR CHILD WILL MOST LIKELY WEAR.

YOUTH T-SHIRT SIZE

Y/S \_\_\_\_\_ Y/M \_\_\_\_\_ Y/L \_\_\_\_\_ A/SM \_\_\_\_\_ A/M \_\_\_\_\_ A/LG \_\_\_\_\_ A/XLG \_\_\_\_\_

ADULT T-SHIRT SIZE (for core staff and week long walking den leaders)

ASM \_\_\_\_\_ AM \_\_\_\_\_ ALG \_\_\_\_\_ XLG \_\_\_\_\_ XXLG \_\_\_\_\_ 3X \_\_\_\_\_

EXTRA SHIRTS FOR SALE- \$10.00 EACH

Y/S \_\_\_\_\_ Y/M \_\_\_\_\_ Y/L \_\_\_\_\_ A/SM \_\_\_\_\_ A/M \_\_\_\_\_

A/LG \_\_\_\_\_ A/XLG \_\_\_\_\_ XXLG \_\_\_\_\_ 3X \_\_\_\_\_ # \_\_\_\_\_ X \$10.00 = \_\_\_\_\_

## CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES: (Food, Medicines, Insects, Plants)  Yes  No Explain: \_\_\_\_\_

GENERAL INFORMATION: Check any that apply, past or present, and explain below

ADHD (Attention-Deficit Hyperactivity Disorder)  Convulsions/seizures  Hemophilia

Asthma  Diabetes  High blood pressure

Kidney disease  Cancer/leukemia  Heart trouble

Explain: \_\_\_\_\_

Please list ALL medications taken in the 30 days prior to arrival at Day Camp. \_\_\_\_\_

List any medications to be taken at camp, including drug, dosage, route (oral, injection, etc.), and frequency: \_\_\_\_\_

(If your child will require regular medication at camp it is to be turned into the Health Officer each morning in its original container with its instructions. Exceptions to this include certain medications, such as inhalers or EpiPens that need to be with the child)

List any physical or behavioral conditions that may affect or limit full participation in swimming, playing strenuous physical games, or other activities: \_\_\_\_\_

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc. \_\_\_\_\_

Immunizations: (Give date of last inoculation. Circle vaccine given)

Tetanus toxoid or DPT \_\_\_\_\_ Measles or MMR \_\_\_\_\_ Polio \_\_\_\_\_

Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Varicella or Chicken pox \_\_\_\_\_

Are there any medical or behavioral conditions that the staff should be aware of? (For privacy reasons, this is the only information that will be given to den leaders so if den leader needs to know something, please list it here)

I am providing additional medical information on this child on a separate piece of paper (Den Leader Advisory Form).

Health Officer May Administer:

Benadryl  Tylenol (Amount) \_\_\_\_\_  Advil (Amount) \_\_\_\_\_ How Often \_\_\_\_\_

I give permission for full participation in BSA programs, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fees: Registration \_\_\_\_\_ Late Fee \_\_\_\_\_ T-Shirt Purchase \_\_\_\_\_ Total Amount Due \_\_\_\_\_

I am paying by (Check One)  Cash  Check  Visa  MasterCard  Discover

CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

SIGNATURE (REQUIRED) \_\_\_\_\_

## PAYMENT OPTIONS (Refund policy)

Option 1— \$25 deposit will hold your son's registration with balance due two weeks prior to camp or a \$25 late fee will incur after this date. Option 2—the full fee of \$65 is due four weeks prior to camp or a \$25 late fee will be incurred.

\*"No-shows" will not be granted refunds. Refunds, less a 20% service fee, will be considered for sickness, death in the family or a school related issue.

Mail completed form with payment to: 2009 Day Camp Fees

Huntsville Service Center

2211 Drake Ave SW, Huntsville, AL 35805

or by fax 256-885-2193

Greater Alabama Council, BSA

P. O. Box 43307, Birmingham, AL 35243

or by fax 205-970-6349