

Camper Day Camp Registration Form

Pack # _____

Prairielands Council

Camp Location _____

PLEASE PRINT

First Name _____ Last Name _____ Home Phone (____) _____

Scout Rank in Fall Tiger Wolf Bear Webelos I Webelos II

Father's Name _____ Day Phone (____) _____

Mother's Name _____ Day Phone (____) _____

Address _____

City, Zip _____

E-Mail _____

In case Parents or Guardians cannot be reached, in an emergency, who else should be notified? This must be a local person who can pick the camper up if needed.

Name _____ Relationship _____ Day Phone (____) _____

Name _____ Relationship _____ Day Phone (____) _____

Is there anyone who **is not allowed** to pick up your child from Day Camp (for example, a custody issue)?

Name(s) _____

Parent volunteering in camp? Camp Staff Pack Walker Days: M T W Th F (Fill out adult form)

Camp Fees and Discounts

- Camp Fee (\$85 for 5-day, \$70 for 4-day, \$60 for 3-day) \$ _____
- Extra T-shirts (____) at \$10 each..... \$ _____
- Camper has brother paying full fee (\$15 discount (5-day)).. \$ _____
- On-Time Registration by 5/2 or New Scout (\$10 discount).. \$ _____
- Parent is Full-Time Camp Staff (waive camp fee)..... \$ _____
- Campership (contact Council office)..... \$ _____
- Total Due..... \$ _____

One Camp T-shirt is provided to each camper. Extra shirts can be ordered on the left.

- Youth Small (6-8)
- Youth Medium (10-12)
- Youth Large (14-16)
- Adult Small
- Adult Medium

Personal Health & Medical History

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

Health/Accident Ins. Carrier _____ Policy # _____

Name of Personal Physician _____ Phone Number _____

Life-Threatening Allergies (i.e., bees, peanuts) Yes No Epi-Pen? Yes No _____

Serious Medical Condition? Yes No _____

Allergies (food, medicines, insects, plants) Yes No _____

ADD/ADHD Yes No Controlled with medication? Yes No If yes, what? _____

General Information: Asthma Yes No High Blood Pressure Yes No Heart Condition Yes No

Diabetes Yes No Fainting Spells Yes No Convulsions Yes No

Other (Explain) _____

List any medications to be taken at camp _____

Any condition now requiring regular medication? _____

List equipment (glasses, contact lenses, braces, wheelchair, etc.) _____

Any activity restrictions for medical reasons? _____

It is a requirement of the Prairielands Council Cub Scout Day Camp that all medications for youth and adults be turned in to the Camp Health Officer upon check-in at Day Camp. The only exceptions are inhalers, epi-pens, and bee sting kits, which must stay with the individual to be used as needed. Medication must be in the original container that indicates the name, dosage instruction, and pack number.

AUTHORIZATION: this Health History 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 or the physician. In the event of an emergency and the listed contact person(s) above cannot be reached, I hereby give permission to the health care providers, selected by the Day Camp Leadership, to administer proper medical treatment.

Date: _____ Signature of Adult/Parent/Guardian: _____ 

Release

In the event that photographs or videotape footage is taken at Cub Scout Day camp, I hereby give permission for images of the above listed individual to be used in promotional outlets by the Prairielands Council, Boy Scouts of America.

Date: _____ Signature of Adult/Parent/Guardian: _____ 