

# Suwannee River Area Council

## Cub Scout Day Camp 2019

SRAC CSDC @ Maclay Gardens (Tallahassee)

JUNE 3 - 7, 2019 - from 9am - 4pm

### Adult Volunteer Registration Form

Pack# \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

**BEST** E-Mail \_\_\_\_\_

In an emergency who else should be notified? This must be a local person who can pick up the camper if needed.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

List all your children who will be attending this day camp.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ Grade going into \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ Grade going into \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ Grade going into \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ Grade going into \_\_\_\_\_

To ensure that the camp has the required 1:4 adult to camper ratio, dates **cannot** be changed without the approval of the pack coordinator or camp director.

I volunteer for all five days of Day Camp  Yes  No

I will work the following days  M  T  W  R  F

Special skill or assignment request \_\_\_\_\_

#### Adult Information - Do not mail registration after May 17, Contact the Camp Director.

Are you a registered Scouter? .....  Yes  No

Are you Youth Protection Trained? .....  Yes  No

Are you CPR/First Aid Trained? .....  Yes  No

Standard  Level 1  Level 2 Expiration Date \_\_\_\_\_

Child/Infant  Adult  Both Expiration Date \_\_\_\_\_

Are you a Registered Nurse / Physician / EMT? .....  Yes  No

Extra T-Shirts ( ) at \$10 each..... \$ \_\_\_\_\_

One Staff T shirt is provided for 5-day volunteer. Extra shirts cost \$10.00 each.

Adult Small

Adult Medium

Adult Large

Adult XL

Adult 2XL

Adult 3XL

#### Each adult must complete a separate adult registration form.

Adults are expected to attend a pre camp training session and assist in assigned program area.

**Talent Release Form** I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs / film / videotapes / electronic representations and / or sound recordings made of me or my child at Day Camp by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication. **Initial:** \_\_\_\_\_

BSA Health & Medical Record Part A for the person named above.

To be filled out by parent or guardian annually for all participants.

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 \_\_\_\_\_ Telephone \_\_\_\_\_

Medical History - Are you now or have you ever been treated for any of the following: Allergies or Reaction to: Medication \_\_\_\_\_

Asthma  Bleeding disorders Food, Plants, or Insect Bites \_\_\_\_\_

Diabetes  Fainting spells Medications: List all medications Including Inhalers and EpiPens

Hypertension (High Blood Pressure)  Thyroid disease Medication \_\_\_\_\_ Strength \_\_\_\_\_ Frequency \_\_\_\_\_

Heart Disease (i.e. CHF, CAD, MI)  Kidney disease Date Started \_\_\_\_\_ Reason \_\_\_\_\_  Temp.  Perm.

Stroke/TIA  Sickle cell disease Distribution approved by: \_\_\_\_\_

COPD  Seizures Immunizations: If had disease, put "D" and year

Ear/sinus problems  Sleep disorders (i.e. sleep apnea)  Tetanus \_\_\_\_\_  Mumps \_\_\_\_\_  Hepatitis A \_\_\_\_\_

Muscular / skeletal conditions  GI problems (i.e. abdominal, digestive)  Pertussis \_\_\_\_\_  Rubella \_\_\_\_\_  Hepatitis B \_\_\_\_\_

Menstrual problems  Surgery  Diphtheria \_\_\_\_\_  Polio \_\_\_\_\_  Influenza \_\_\_\_\_

Psychiatric/psychological and emotional difficulties  Serious Injury  Measles \_\_\_\_\_  Chicken Pox \_\_\_\_\_  Other(i.e. HIB) \_\_\_\_\_

Learning disorders (i.e. ADHD, ADD)  Other \_\_\_\_\_  Exception to Immunizations claimed

I give my 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 (If an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission for 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 (or me if an adult).

Date: \_\_\_\_\_ Signature of Adult / Parent / Guardian: \_\_\_\_\_

I agree to follow all BSA Standards for adult volunteers at Day Camp. I will attend training sessions and assist in any program area. **I will be at camp on the days indicated.** If I am unable to attend, I will contact the Camp Director.

Each pack must provide one adult for every four campers attending camp every session every day. 5 campers means 2 adults. To provide the best experience for every Scout, we must have the proper adult coverage to do this.

Date: \_\_\_\_\_ Signature of Adult / Parent / Guardian: \_\_\_\_\_