

Suwannee River Area Council

Cub Scout Day Camp 2019

SRAC CSDC @ Maclay Gardens (Tallahassee)

JUNE 3 - 7, 2019 - from 9am – 4pm

Youth Volunteer Registration- Youth Volunteers must be 14 years old or Star Scout

Troop/Crew# _____

First Name _____ Last Name _____ Date of Birth _____

Address _____

City, Zip _____

Parent E-Mail _____ Parent Home Phone () _____

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 who can pick up this Scout Volunteer: _____

To ensure that the camp has the required 1:4 adult to camper ratio, dates **can not** be changed without the approval of the 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 _____

| | |
|--|---|
| <p>Youth Volunteer Information – Late Registration (after May 17) may not receive T-shirt or patch. Do not mail registrations after May 17, Contact the Camp Director.</p> <p>Are you a registered Scout? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you Youth Protection Trained? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you CPR/First Aid Trained? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Standard <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 Expiration Date _____</p> <p><input type="checkbox"/> Child/Infant <input type="checkbox"/> Adult <input type="checkbox"/> Both Expiration Date _____</p> <p>T-Shirts () at \$10 each..... \$ _____</p> | <p>One Staff T shirts is provided. Extra shirts cost \$10.00 each.</p> <p><input type="checkbox"/> Adult Small</p> <p><input type="checkbox"/> Adult Medium</p> <p><input type="checkbox"/> Adult Large</p> <p><input type="checkbox"/> Adult XL</p> <p><input type="checkbox"/> Adult 2XL</p> <p><input type="checkbox"/> Adult 3XL</p> |
|--|---|

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.

Health/Accident Ins. Carrier _____ Policy # _____ Check all items that apply, past or present, to your health history, Explain any "Yes" Answers.

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 _____

| | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bleeding disorders | Food, Plants, or Insect Bites _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting spells | Medications: List all medications Including Inhalers and EpiPens |
| <input type="checkbox"/> Hypertension (High Blood Pressure) | <input type="checkbox"/> Thyroid disease | Medication _____ Strength _____ Frequency _____ |
| <input type="checkbox"/> Heart Disease (i.e. CHF, CAD, MI) | <input type="checkbox"/> Kidney disease | Date Started _____ Reason _____ <input type="checkbox"/> Temp. <input type="checkbox"/> Perm. |
| <input type="checkbox"/> Stroke/TIA | <input type="checkbox"/> Sickle cell disease | Distribution approved by: _____ |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Seizures | Immunizations: If had disease, put "D" and year |
| <input type="checkbox"/> Ear/sinus problems | <input type="checkbox"/> Sleep disorders (i.e. sleep apnea) | <input type="checkbox"/> Tetanus _____ <input type="checkbox"/> Mumps _____ <input type="checkbox"/> Hepatitis A _____ |
| <input type="checkbox"/> Muscular / skeletal conditions | <input type="checkbox"/> GI problems (i.e. abdominal, digestive) | <input type="checkbox"/> Pertussis _____ <input type="checkbox"/> Rubella _____ <input type="checkbox"/> Hepatitis B _____ |
| <input type="checkbox"/> Menstrual problems | <input type="checkbox"/> Surgery | <input type="checkbox"/> Diphtheria _____ <input type="checkbox"/> Polio _____ <input type="checkbox"/> Influenza _____ |
| <input type="checkbox"/> Psychiatric/psychological and emotional difficulties | <input type="checkbox"/> Serious Injury | <input type="checkbox"/> Measles _____ <input type="checkbox"/> Chicken Pox _____ <input type="checkbox"/> Other(i.e. HIB) _____ |
| <input type="checkbox"/> Learning disorders (i.e. ADHD, ADD) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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 can not 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: _____