

# Suwannee River Area Council

## PDL Cub Scout Day Camp 2018

PDL CSDC @ Maclay Gardens (Tallahassee)  
 JUNE 4 - 8, 2018 - 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 \_\_\_\_\_

<p><b>Adult Information - Do not mail registration after May 18, Contact the Camp Director.</b></p> <p>Are you a registered Scouter? ..... <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>Are you a Registered Nurse / Physician / EMT? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Extra T-Shirts ( ) at \$10 each..... \$ _____</p>	<p>One Staff T shirt is provided for 5-day volunteer. 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>
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**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:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Bleeding disorders	Allergies or Reaction to: Medication _____ Food, Plants, or Insect Bites _____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Fainting spells	
<input type="checkbox"/> Hypertension (High Blood Pressure)	<input type="checkbox"/> Thyroid disease	Medications: List all medications Including Inhalers and EpiPens 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 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: \_\_\_\_\_