

# Suwannee River Area Council

## PDL Cub Scout Day Camp 2018

PDL CSDC @ Maclay Gardens (Tallahassee)  
JUNE 4-8, 2018 - from 9am – 4pm

### Cub Scout Registration Form

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

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

➔ **Scout Rank In FALL 2018**  Tot  Tiger  Wolf  Bear  Webelos  Arrow of Light / Grade in Fall 2018 \_\_\_\_\_ Birth Date \_\_\_\_\_

Mother's Name \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

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

**BEST** 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 up the camper if needed.

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

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

Please list who can pick up your child from day camp (legal names): \_\_\_\_\_

**BSA Camp Standards state that there MUST be a 1:4 Adult to Camper ratio every day.**

This requires that each Pack provide appropriate coverage for their campers each session each day. It is important that parents volunteer so the 1:4 ratio can be maintained on den and camp levels. **Each adult must complete a separate adult registration form.**

Days the child's parents are volunteering.  M  T  W  R  F Adult Volunteer name: \_\_\_\_\_

<p><u>Camp Fees and Discounts</u> Send completed registration forms and payment to: <b>Suwannee River Area Council; 2032 Thomasville Rd.; Tallahassee FL 32308</b> OR e-mail: Billy.Hartsfield@scouting.org      Cub Scout    TOT    Lot</p> <p>Early Bird Registration (through 4 May)..... \$110..... \$55 Regular Registration (5/5 – 5/11) ..... \$125..... \$65 Late Registration (5/12 -5/18 <b>NO REG. AFRTER 5/18</b>) ..... \$150..... \$85 Day Camp with 5-day Volunteer for a single Scout..... \$ 80 Day Camp with 5-day Den Leader for a single Scout..... \$ 55 Camp Fee .....\$ _____ Extra T-Shirts ( ) x \$10 each.....\$ _____ Total .....\$ _____</p>	<p><b>One Camper T-Shirt</b> is provided. Extra shirts cost \$10.00 each:</p> <p><input type="checkbox"/> YS                      <input type="checkbox"/> AM <input type="checkbox"/> YM                      <input type="checkbox"/> AL <input type="checkbox"/> YL                      <input type="checkbox"/> AXL <input type="checkbox"/> AS                      <input type="checkbox"/> A2XL</p> <p><b>Refund Policy:</b> Written refund requests must be received by the Council ten days prior to the beginning of camp. A service charge of 25% of the full activity fee will be assessed for all refunds. <b>Initial:</b> _____</p>
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**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  
 Hypertension (High Blood Pressure)                       Thyroid disease    Medications: List all medications Including Inhalers and EpiPens  
 Heart Disease (i.e. CHF, CAD, MI)                       Kidney disease    Medication \_\_\_\_\_ Strength \_\_\_\_\_ Frequency \_\_\_\_\_  
 Stroke/TIA     Sickle cell disease    Date Started \_\_\_\_\_ Reason \_\_\_\_\_  Temp.  Perm.  
 COPD     Seizures    Distribution approved by: \_\_\_\_\_  
 Ear/sinus problems     Sleep disorders (i.e. sleep apnea)    Immunizations: If had disease, put "D" and year  
 Muscular / skeletal conditions                       GI problems (i.e. abdominal, digestive)                       Tetanus \_\_\_\_\_  Mumps \_\_\_\_\_  Hepatitis A \_\_\_\_\_  
 Menstrual problems     Surgery     Pertussis \_\_\_\_\_  Rubella \_\_\_\_\_  Hepatitis B \_\_\_\_\_  
 Psychiatric/psychological and emotional difficulties                       Serious Injury                       Diphtheria \_\_\_\_\_  Polio \_\_\_\_\_  Influenza \_\_\_\_\_  
 Learning disorders (i.e. ADHD, ADD)                       Other \_\_\_\_\_                       Measles \_\_\_\_\_  Chicken Pox \_\_\_\_\_  Other(i.e. HIB) \_\_\_\_\_  
 \_\_\_\_\_                       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: \_\_\_\_\_