

Sabine District Cub Scout Day Camp 2010

Notice that our registration form has changed this year. Both sides of the form need to be completed, and copies of shot records and insurance cards **MUST ACCOMPANY** the registration form. This information is required by BSA and the state of Texas.

SABINE District Day Camp

June 7 – 11, 2010

8:30 -3:30 Mon – Thurs, 8:30 – 1:00 Friday

United Methodist Temple

Hwy 73 – Port Arthur

\$70 – Registration *deadline May 5, 2010*

Cub Scout Day Camp is a great place for fun and friendship. We offer many different activities for Cubs from Tigers to Webelos II. Most of the activities at camp count toward requirements for each rank in Cubs. Camp is open to registered Cub Scouts entering the 1st through 5th grades next school year. If you'd like to register for Cubs, please contact the Scout Office at 842-5240, or register online at 3riversbsa.org

Cubs will receive a t-shirt, backpack, and patch for camp. (We will make every effort to give Cubs t-shirt size requested.)

A lunch and drink(s) should be sent with your Scout each day, as well as money for the Trading Post, if your camp has one. Bug spray and sunscreen need to be applied at home, and can only be reapplied by the Scout himself or his parent.

Medications needed at camp need to be sent in the original containers and medical permission forms must be filled out the first day of camp.

PACKS MUST SUPPLY 1 FULL-TIME ADULT LEADER FOR EVERY 4 BOYS REGISTERED. Volunteers must be 14 or older, except with special permission from the Camp Director. **ALL volunteers are REQUIRED to be registered with BSA and have completed Youth Protection Certification (after 1/1/10)** If you would like to help out with camp, and you are not currently registered with BSA, please do so at the Scout Office (reg. Fee is approx. \$12). Youth Protection Training can be completed online at 3riversbsa.org - print out your letter at the end of the course, and attach to this form.

In order to better organize registration and Pack leadership, we are asking that boys and volunteers register through their Pack when possible. Packs may turn COMPLETED forms with REQUIRED attachments and payment in to the Scout Office. This way each Pack can confirm that they are sending the required adult leadership with their Cubs to make Day Camp a pleasurable experience for everyone. If it is not possible to register with the Pack, please bring or mail completed forms and REQUIRED attachments to the Scout Office at 4650 Cardinal Drive, Beaumont, TX 77705.

Young children of adult volunteers may be registered for our Me-Too program for the days on which you work at camp. Please make copies of both sides of form and complete, along with any attachments required.

Contacts:

Suzanne Baker, Camp Director	796-2822	bakerscouts@sbcglobal.net
Kim LeBlanc, Program Director	729-5758	funeasycooking@gt.rr.com
Chad Srader, District Executive	842-5240	chadsrader@yahoo.com

Sabine District Cub Scout Day Camp 2010 Registration

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade _____
 City _____ State _____ Zip _____ Phone No. _____
 Unit leader _____ Council name/No. _____ Unit No. _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____
 Current Rank _____ Rank as of 6/1/10 _____

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
 Food, Plants, or Insect Bites _____

ATTACH COPIES
OF
SHOT RECORDS
AND
INSURANCE CARD

If no medical insurance, please state "None".

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.)
 Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Last name:

Part C

Parental Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Without restrictions.

With special considerations or restrictions (list)

Talent Release Form

I hereby assign and grant to the local council and 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 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.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes No

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____
(if under the age of 18)

Date _____

Persons authorized to pick up Scout:

- 1. _____
- 2. _____
- 3. _____

T-shirt size (circle one):
YM YL AS AM AL AXL AXXL AXXXL

Volunteers – please copy registration form (both sides) and complete, along with the following information:

Please check all that apply, and **ATTACH COPIES** of registration/ certification / cards.

Registered with BSA Youth Protection Certified (as of 1/1/10) First Aid CPR Archery BBs

I will help: ALL WEEK or M T Wed Th Fri

email address: _____