

2004 Four Lakes Council Cub Scout Day Camp
Health and Registration Form
ADULT

Check camp attending:

- Camp Carlson June 17-19
- Festge June 21-23
- River Bluffs June 25-27
- Token Creek July 8-10
- Token Creek Twilight July 8-9 (evening)

Name: _____ Date of Birth: _____ Age: _____ Sex: _____
 Home Address: _____ City: _____ Zip: _____
 E-mail address: _____ Home Phone: _____

Please note that 3-day staff receive a staff shirt at no cost (see below), but we need to know the size.

t-shirt size: S M L XL XXL XXXL

NOTE: (optional) All adults may pre-order camp t-shirts for \$8.00. Extra shirts may NOT be purchased at camp. If you want one, please check the box, note size above, and enclose \$8.00.

Emergency contact during camp:

Name: _____ Relationship: _____ Phone: _____
 Work Address: _____ City: _____ Zip: _____
 Physician's Name: _____ Clinic: _____ Phone: _____
 Hospital Preference: _____ Phone: _____
 Health/Accident Insurance Carrier: _____ Policy Number: _____

To meet BSA health requirements, please check all items that apply, past or present, to health history:

Allergies (Food medicines, insect bites, plants): Yes No Explain: _____

General Information:	Yes	No	Yes	No	Yes	No		
Asthma	_____	_____	Convulsions/Seizures	_____	_____	Cancer/Leukemia	_____	_____
Diabetes	_____	_____	Heart Trouble	_____	_____	Hemophilia	_____	_____
High Blood Pressure	_____	_____	Kidney Disease	_____	_____	Other	_____	_____

Explain any 'yes' answers: _____

List medications that will be taken at camp: _____
(physician form must be on file at camp if to be dispensed by camp personnel)

List physical or behavioral conditions that may affect or limit full participation in strenuous physical activity: _____

TETANUS Immunization (month and year of last inoculation) – **DO NOT USE the term UP TO DATE or CURRENT** _____

Check one or more as applicable:

- I will be at camp on the following days (enter dates:) Day 1 _____ Day 2 _____ Day 3 _____
 - I will be at camp all 3 days. I am willing to: _____ lead a station for all 3 days (and attend a training session)
 _____ help at check-in and registration
- Note: 3-day staff will receive a staff shirt at no cost. t-shirt size (circle): S M L XL XXL XXXL
- I am willing to be a BB/Archery range master for all 3 days and will attend a 3-hr training (date TBA)
 - I will lead or assist (as needed) at any of the following stations: _____ Crafts _____ 1st Aid _____ Cooking
 _____ Music _____ Games _____ Obstacle course _____ Other (_____)
 - I am a (please circle) MD - RN - LPN - EMT - 1st Aid Certified - CPR Certified **AND can help with 1st Aid duties.**
 - I will assist prior to camp, during set up, and/or at take down.

PARTICIPANT AUTHORIZATION: The above health information is correct as far as I know, and the person herein described is able to engage in all prescribed activities, except noted above. In the case of emergency, I understand every effort will be made to contact my spouse or next of kin, as noted above. In the event they can not be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me.

Date: _____ Signature of adult participant: _____