

2008 CUB DAY CAMP

Registration Form Page 1 of 2
Erie Shores Council BSA
Please Print Neatly - 1 form per cub



PACK _____

District _____ Grade (Fall 2008) _____

Rank (Fall 2008 - circle one): Tiger Wolf Bear Webelos

Name _____

Address _____

City/St/Zip _____

Phone _____

Early bird discount, paid in full by April 30: Subtract \$15
Late fee, registering within 5 days of camp start: Add \$15
*****New*** 200 scout per week limit! Register Now!!!**

Week 1 (June 16th - June 20th): _____

Week 2 (June 23rd - June 27th): _____

Week 3 (June 30th - July 4th): _____

Week 4 (July 7th - July 11th): _____

Week 5 (July 14th - July 18th): _____

One week fee	\$105	\$ _____
# _____ Add'l weeks	\$95/week	\$ _____
Camper Meals	\$30/week	\$ _____
Includes Thursday Dinner		
Open Swim & Lessons	\$30/week	\$ _____
4:30pm - 5:30pm everyday		
*Complete additional Swim Lesson form		
# _____ Adult Meals	\$6 each	\$ _____
# _____ Child Meals	\$4 each	\$ _____
Children under 10		
Early Bird Registration	Subtract \$15	- \$ _____
Register before April 30th		
Late Registration	Add \$15	\$ _____
Within 5 days of start of desired week		
Volunteer Service	Subtract \$35	- \$ _____
Must volunteer for entire week		
Volunteer Name: _____		
TOTAL ENCLOSED: \$ _____		
Check #	_____	
Visa/MC#	_____	Exp.date _____
Name on card	_____	

2008 CUB DAY CAMP - HEALTH FORM

PACK _____

Erie Shores Council BSA
Please Print Neatly

District _____

Rank (Fall 2008 - circle one): Tiger Wolf Bear Webelos

LAST _____ FIRST _____ DOB _____

ADDRESS _____

CITY/ST/ZIP _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Parent/Guardian: _____

Home Address: _____

Daytime Phone # _____

Other Parent/Guardian: _____

Daytime Phone # _____

IF NOT AVAILABLE IN CASE OF EMERGENCY, NOTIFY:

Name _____ Relationship _____

Phone # _____

Name _____ Relationship _____

Phone # _____

Physician Information

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Health Insurance Co. _____ Group# _____

Policy Number/ID _____

MEDICAL HISTORY AND RESTRICTIONS

Circle any that apply, with specifics and/or restrictions

- | | | |
|---------------|-----------------|---------------------|
| ADD | ADHD | Asthma |
| Cancer | Convulsions | Diabetes |
| Heart Disease | Hemophilia | High Blood Pressure |
| Leukemia | Sting Reactions | Other: _____ |

Allergies - Please List: _____

*****PLEASE COMPLETE AND SECOND PAGE*****

CUB DAY CAMP REGISTRATION FORM – Page 2 of 2

PARENT/GUARDIAN AUTHORIZATION AND TALENT RELEASE:

I acknowledge that the first page of this form has been completed accurately to the best of my knowledge. I authorize the use of any photographs taken of my child for future marketing or promotional materials used by the Erie Shores Council, BSA .

Parent/Guardian Signature: _____ Date: _____

MEDICATION MUST BE LEFT IN CAMP OFFICE – EXCEPT FOR PERSONAL INHALER AND/OR EPI-PEN

Will Scout need medication at camp?

YES

NO

Medications: _____

Schedule & Dose: _____

***Attach photo of child to both health form and medication container when medication is to be administered during camp.**

DATE RECEIVED

(office use only):

Parent Authorization:

Authorization is granted for the release of medical information of the aforementioned individual to adult employees, camp staff and volunteers of the Erie Shores Council Boy Scouts of America.

The camper described on this form is in GOOD HEALTH and has all required immunizations. The information and health history contained herein is accurate and complete. Permission is granted for full participation in Erie Shores Council BSA, Camp Miakonda activities, subject to any limitations noted herein. In the event I (we) cannot be reached in an emergency, I (we) hereby grant permission to the medical provider selected by BSA representatives to authorize emergency medical surgical treatment, routine non-surgical medical care, and/or hospitalization, proper anesthesia and/or medications, injections or other treatments for my (our) son. I (we) assume health and financial responsibility for the aforementioned individual.

If possible, please transport to _____ Hospital.

Please list hospitals that cannot be used due to insurance restrictions: _____

Parent/Guardian Name (printed) _____

Date _____ Parent/Guardian Signature _____

Parent/Guardian Name (printed) _____

Date _____ Parent/Guardian Signature _____