

DAY CAMP 2009

Please register only one REGISTERED SCOUT per form.

THIS FORM IS TO BE COMPLETED BY THE PARENT/GUARDIAN - PLEASE PRINT YOUR INFORMATION



Pack # _____

Name: _____

Address: _____

City: _____

Email: _____

District _____

Ojibwas - Ingham Mawajidiwin - Eaton Migisins - Clinton

Grade Completed in June

K 1st 2nd 3rd 4th 5th

Tag-a-long-Day Camp Only

Yes No Must be at least 5 yrs. old and have a parent **on-site at all times.**

Date of Birth: _____

Zip: _____ Phone # _____

Parent/Guardian Name: _____

Check Box	DAY CAMP SESSION - FEE \$45.00 per Scout per session	CAM
<input type="checkbox"/>	Day Camp #1: Camp Kiwanis, Mason June 22-25	900065
<input type="checkbox"/>	Day Camp #2: Holiday Haven Camp Wacousta July 13-16	900070
<input type="checkbox"/>	Day Camp #3: Fitzgerald Park, Grand Ledge July 20-23	900071
<input type="checkbox"/>	Day Camp #4: Camp Kiwanis, Mason August 10-13	900065

What Days Will You Be A Walker ?

Monday Tuesday Wednesday

Thursday All None

Have you Informed Pack You're Attending ?

Yes No

Are you Interested In Being On Staff ?

Yes No

Are You Your Packs Day Camp Coordinator?

Yes No

	# _____ of Additional T-Shirts \$10.00 each	\$
	Total Amount Enclosed with Registration Form	\$

T- Shirt Size

Scout

Yth - SM Yth - MD Yth - LG Adt - SM Adt - MD Adt - LG Adt - XL Adt - 2X Adt - 3X

Extra \$10

Yth - SM Yth - MD Yth - LG Adt - SM Adt - MD Adt - LG Adt - XL Adt - 2X Adt - 3X

If no size is selected, a Yth - MD will be given.

ALL CAMP FEES ARE DUE ON OR BEFORE MAY 15, 2009. ANY REGISTRATIONS RECEIVED AFTER May 15, 2009 WILL HAVE A LATE FEE OF \$10.00 PER REGISTRATION ADDED TO THE CAMP FEE.

One adult is required for every 5 campers/tagalongs

I hereby give permission to Chief Okemos Council and their agents to use the image of the child listed above for the promotion of Scouting. My signature below represents my consent as the parent/guardian of this child to this release agreement. I further give permission for my child to participate in all activities of the camp for which he is registered.

Parent/Guardian Name _____ Home Telephone _____

Address _____ Work Telephone _____

City _____ State _____ Zip _____ Cell Phone _____

Parent/Guardian Signature _____

For Office Use Only	
Date Registration received/postmarked _____	
Amount Paid \$ _____	Receipt # _____

CHIEF OKEMOS COUNCIL CUB SCOUT CAMPS ARE NOT A DROP OFF CAMP
HEALTH FORM TO BE COMPLETED ON BACK

Class 1 Personal Health History

(Update annually using form No. 34414.)

Identification: To be filled out by parent or guardian. Please print in ink.

Name _____ Date of birth _____ Age _____
Name of parent or guardian _____ Telephone _____
Home address _____ City _____ State _____ Zip _____

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

Allergies: Food, medicines, insects, plants Yes No Explain: _____

General Information:		Yes	No	Yes	No	Yes	No
ADHD (Attention Deficit	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactivity Disorder)	Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations (give date of last inoculation):

Tetanus toxoid _____ Pertussis _____ Mumps _____ Polio _____
Diphtheria _____ Measles _____ Rubella _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy no. _____

Parent Authorization:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signature _____ Date _____
Parent or guardian