

WEBELOS 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

 3rd 4th 5th

Yes No I will be a Webelos Camp Den Leader

Date of Birth: _____

Zip: _____ Phone # _____

Parent/Guardian Name: _____

	Webelos Camp
Camp Kiwanis, Mason	July 17-19, 2009

Have you Informed Pack You're Attending ?

Yes No

Are you Interested In Being On Staff ?

Yes No

Are You Your Packs Camp Coordinator?

Yes No

Check Box	WEBELOS RESIDENT CAMP -	CAM	CAM
	FEE \$90.00 per Scout per Session	\$	900065
	FEE \$45.00 per Adult	\$	900065
	FEE \$40 per additional Scout from the same family	\$	900065
	Additional T shirts \$10 each	\$	900065
Total Fees with Registration Form		\$	900065

T- Shirt Size

Scout

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

Adult

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

Extra

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 JUNE 30, 2009. ANY REGISTRATIONS RECEIVED AFTER JUNE 30, 2009 WILL HAVE A LATE FEE OF \$10.00 PER REGISTRATION ADDED TO THE CAMP FEE.

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 _____

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

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"/>	Convulsions/seizures	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>
Hyperactivity Disorder)	Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	Kidney disease	<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