

# Buckeye District Day Camp

## Adult Volunteer -- Day Camp Registration Form

July 7 – 11, 2008

**Each Pack is to provide one Adult Leader daily for every 5 boys that attend camp, preferably one per rank.** Youth Protection & specific program area (Rangemaster, etc.) training is required and provided for all volunteers. Please fill out a separate form for each volunteer that is attending camp.

Name _____ Address _____ City _____ St _____ Zip _____ Home phone ____/_____ Cell phone ____/_____ Work phone ____/_____ Email _____  Pack # _____ District _____  Position held in your Pack: _____ - - - - - <div style="background-color: #e0e0e0; text-align: center; padding: 5px;"> <b>T-shirt Size (circle one)</b>  <b>AS AM AL XL XXL 3X</b> </div> - - - - - All medications are to be given by camp medical officers including nonprescription and over-the-counter medications. All Health history information included in this registration form is correct so far as I know. In the event I am unable to make medical decisions, I give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order an injection or surgery  Your Scout's name: _____ Rank: _____	<h3 style="text-align: center; margin: 0;">HEALTH FORM</h3> Emergency Contact during camp time. Name: _____ Relationship: _____ Phone (H) _____ (W) _____ Alt. contact _____ Alt contact phone _____  <hr/> Personal Health/ Accident Insurance _____ Policy No. _____  Physician _____ phone _____  Allergies: _____  Medications taken at camp: _____  Medications taken away from camp: _____  Immunizations Current? ____ Yes ____ No  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Kidney Disease Yes No</td> <td style="width: 50%;">Convulsions Yes No</td> </tr> <tr> <td>Heart Trouble Yes No</td> <td>Asthma Yes No</td> </tr> <tr> <td>Diabetes Yes No</td> <td>High blood press. Yes No</td> </tr> </table> Notes to the Camp Health Officers: _____ _____	Kidney Disease Yes No	Convulsions Yes No	Heart Trouble Yes No	Asthma Yes No	Diabetes Yes No	High blood press. Yes No
Kidney Disease Yes No	Convulsions Yes No						
Heart Trouble Yes No	Asthma Yes No						
Diabetes Yes No	High blood press. Yes No						

Days Volunteering at Camp: \_\_\_\_\_ Mon (setup/orientation), Tue, Wed, Thur, Fri,

Position you are Volunteering for:

\_\_\_\_ Den Leader for \_\_\_\_\_ (Rank?)

\_\_\_\_ Program Area/ help with a station \_\_\_\_\_ / identify your area(s) of interest

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

NOTES to Camp Director:

Please complete this registration form and mail to: Simon Kenton Council, Buckeye Day Camp, 1901 E. Dublin-Granville Rd, Columbus, OH 43229-0207.