

Buckeye District Day Camp

Hooray for Hollywood


Youth Participants Day Camp Registration Form

A Youth is a Tiger Cub, Cub Scout, and Webelos Scout

July 8-11, 2008



Each Pack is to provide one Adult Leader daily for every 5 boys that attend camp, preferably one per rank. Copy this application as needed and mail the completed form to the scout service center.

	HEALTH FORM
Name Scout _____ Address _____ City _____ St _____ Zip _____ Home phone ____/_____ Email _____ Age as of June 1, 2008 _____ Pack # _____ District _____ - - - - - <div style="text-align: center; background-color: #e0e0e0; padding: 5px;"> T-shirt Size (circle one) YS YM YL AS AM AL </div> - - - - - Rank at time of camp* NOT current rank * Rank your son will be working on during the school year 2008-2009. <input type="checkbox"/> Tiger (1 st Grade, Must have a parent attend) <input type="checkbox"/> Wolf (2 nd Grade) <input type="checkbox"/> Bear (3 rd Grade) <input type="checkbox"/> Web I (4 th Grade) <input type="checkbox"/> Web II (5 th Grade)	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 Kidney Disease Yes No Convulsions Yes No Heart Trouble Yes No Asthma Yes No Diabetes Yes No High blood press. Yes No
Early Registration: \$45 by May 20, 2008, and \$50 after May 20, 2008 	Notes to the Camp Health Officer: _____ _____

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.

Signature of Parent or Guardian: _____ Date: _____

NOTES to Camp Director:

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