

2008 CUB ADVENTURE CAMP CUB SCOUT APPLICATION AND HEALTH HISTORY FORM

Must be registered Cub Scout or Tiger Cub Graduate

Return This Form With Fee To Your Cubmaster At Least 30 Days Before Camp

Fee for 4-5 day Day Camps is \$47 – Fee for 2-3 day Day Camps is \$42 (see Cub Adventure Camp Schedule)

There is a \$5 savings if received in council office by May 15, 2008

(Fee includes Adventure Camp T-shirt, patch, program supplies, and drink)

There is **No Refund** of Adventure Camp Fee

FOR CAMP USE ONLY

Pack Number _____ District _____ Location of Camp _____

Cub's Name _____

Address _____

City, State, Zip _____

Home Telephone Number (_____) _____ E-mail Address _____

Grade boy will enter in the fall _____ Boy's Age _____ (at time of camp) Date of Birth _____

Rank (book) Cub will be working on at time of camp (**circle one**) Wolf Bear 1st Year Webelos 2nd Year Webelos

In Case Of Emergency, Notify (please print)

Name _____ Relationship _____

Address _____ City, State, Zip _____

Telephone No. Home () _____ Business () _____ Other () _____

Family Physician Name _____ Telephone No. () _____

Name of Insurance Company _____ Policy Number _____

Adult helpers (21 or older) are needed at camp. Packs are required to provide walk-around leaders and staff at camp. Please indicate which session(s) you are able to help.

Adult Helper Name _____ Telephone Number (_____) _____

I have the following First Aid or medical training _____

Days of Week Will Help (circle): Mon Tues Wed Thur Fri Sat Sun

Babysitting may be provided for young children of adults working at camp. The children must be at least 2 years of age (and out of diapers) to participate. Not available at all camps, please check with the Camp Director.

Number & Ages of Pee Wees _____

Health History- On Back Of This Form - Must Be Completed

Return This Application To Your Cubmaster

Cubmasters: Please Return Application To Council Service Center

PACK NUMBER _____ DISTRICT _____ CUB'S NAME _____

CUB ADVENTURE CAMP - CUB SCOUT HEALTH HISTORY

This Information Must Be Completed And On File In Camp For A Boy To Attend Camp

Have Or Subject To: (Check If Yes)

____ Asthma ____ Fainting Spells ____ Convulsions ____ Diabetes ____ Heart Trouble

____ Eye-Ears-Nose-Throat _____ Allergies To Bee Stings Or Insect Bites

____ Other Allergies (Medicine, Food, Pets, Etc.) - Please List:

If there are any conditions or restrictions we should know about for your son's safety, please describe:

Has your son had any surgery recently (check if yes) _____. If yes, what type of surgery?

Date of surgery _____

Date of last tetanus booster shot _____

Any conditions now requiring regular medication

Name(s) Of Medication(s)

If Your Son Is Now Taking Medication, Please See That It Is Given To The Camp Director Each Morning Of Camp

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.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to secure medical treatment for my son.

I HEREBY CONSENT TO THE USE OF MY CHILD'S VOICE AND/OR PHOTOGRAPH IN THE NEWS COVERAGE, MOVIE MAKING, OR SIMILAR PROJECTS APPROVED BY THE BOY SCOUTS OF AMERICA.

Signature _____

Parent or Guardian

Date _____