

2009 Fun with Son Summer Camp Registration Form

Resident camp requires an adult partner.

Name: _____

RANK as of 6/1/2009

Parent: _____

Tiger Den Chief

Address: _____

Wolf Scout Leader

City: _____ State: _____ Zip _____

Bear Adult Partner

Phone: _____ E-Mail: _____

1st Year Webelos

Pack # _____ Grade Beginning Sep 2009: _____

2nd Year Webelos

T-SHIRT INFORMATION: A T-shirt is included free of charge for each participant for the first camp attended if camp registration fees are paid in full by May 1st. **(INDICATE T-SHIRT SIZE BELOW)**

Youth: 10-12 14-16 Adult: S M L XL XXL XXXL \$ _____

INSTRUCTIONS: Indicate designated camp and date and return this application to your Den Leader for early registration. CAMPS ARE FILLED ON A FIRST-COME, FIRST-SERVED BASIS.

******* BRING YOUR SWIM SUIT TO ALL CAMPS*******

Fun with Son – Camp Vandeventer

Sept . 11 - 12, 3-9:00 pm check-in/5:00 pm check-out \$35 per Youth / \$35 per adult \$ _____

TOTAL DUE \$ _____

PERSONAL HEALTH AND MEDICAL SUMMARY

Name: _____ Date of Birth _____ AGE: _____ SEX: M ___ F ___

Name of parent or gaurdian: _____ Phone: _____

Home Address: _____ City: _____

Business Address: _____ City: _____

If person named above is not available in the event of an emergency, (MUST GIVE 1 EMERGENCY CONTACT OTHER THAN PERSON AT CAMP).

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Name of Personal Physician: _____ Phone: _____

(MUST HAVE)

Personal health/accident insurance carrier: _____ Policy: _____

(MUST HAVE)

In case of emergency, I understand every effort will be made to contact me, my spouse or next of kin. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, injections of medication for my son or me. **Must be signed otherwise no treatment can be given until permission is secured.**

Date: _____ Signature: _____

Please check medical information, past or present.

Asthma YES NO Heart disease YES NO Leukemia YES NO
Allergies YES NO High Blood Pressure YES NO Cancer YES NO
Convulsions YES NO Diabetes YES NO Hemophilia YES NO

Explanatio(s): _____

Allergies: Food YES NO Plants YES NO Medicines YES NO Insect Bites YES NO

Explanation(s): _____

Any reasons to restrict full activity including swimming, long hikes, strenuous physical games? Yes No

List any conditions limiting full participation(Physical or emotional): _____

Any reasons for medicines to be taken at camp? Yes No. List medicines. Send ample supplies and directions of use: _____

Any special equipment such as orthopedic or handicap devices, glasses or contacts, dentures? Yes No
What? _____

Explain any "yes" answers answers and give all information needed to provide as safe and as full participation as possible. **MUST HAVE THE "YEAR", UP TO DATE NOT ACCEPTABLE ON IMMUNIZATIONS:.**

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