

JUNE 26-30, 2006 – ATHENS CUB SCOUT DAY CAMP REGISTRATION FORM

PLEASE PRINT CLEARLY Complete BOTH sides of form and mail payable to BSA, to Great Smoky Mountain Council, PO Box 51885, Knoxville, TN 37950

Boy's Name _____ Age ____ Birth Date _____

Address _____ City _____ ST _____ Zip _____

School _____ Grade in Fall '06 ____ Present Scout ____ Yes ____ No

Pack # _____ Den # _____ Rank he will be Fall '06 - (circle) Tiger, Wolf, Bear, Webelos I or II

T-shirt size (circle one) Youth 6-8 Youth 10-12 Youth 14-16 Adult S Adult M Adult L

Parent's or Guardian Name(s) M) _____ F) _____

Daytime Phone(s) (____) ____-____ / (____) ____-____ E-mail _____

I will be riding to camp with _____ picked up by _____

FEES: \$45 if postmarked by June 14 (non-Scouts add \$8 for Cub Scout membership fee)

\$50 if postmarked after June 14

\$25 if parent is working at camp all week

Currently Registered with BSA? ____ Yes ____ No

(If you want to work at camp please call Leona Layman (423) 745-0075 before mailing in payment to receive dates of training)

Amount Enclosed
\$ _____ (Acct 319)

ADULT VOLUNTEER TO SERVE ON CAMP STAFF ALL WEEK AND SAVE \$20.00

Name _____ Age _____

Address _____ City _____ State _____ ZIP _____

Phone #'s: H) (____) ____-____; W) (____) ____-____; Cell (____) ____-____

E-mail _____ Son(s) name attending _____

Name(s) and ages of children for Tot-Lot Program _____, ____; _____, ____

Currently a registered leader with Pack # _____ Position _____

Areas of interest (circle all that apply) DEN LEADER age group? _____ * CRAFTS * FITNESS/GAMES • NATURE * SHOOTING SPORTS * TOT-LOT UNIT * WATER GAMES UNIT * CONSTRUCTION ACTIVITY UNIT * ANYWHERE NEEDED

Staff T-shirt size: (Circle one) ADULT - S M LG XL XXL XXXL

Tot-Lot child T-shirt size: Youth 2-4 6-8 10-12 Other ? _____

Training? CPR _____ Date; First Aid _____ Date; Shooting Sports _____ Date

Amount enclosed
\$ _____ (Acct 319)

UNAKA DISTRICT * 2006 YOUTH * EMERGENCY MEDICAL INFORMATION

Youth's Name _____ Age _____ DOB _____

IN CASE OF EMERGENCY NOTIFY: Is parent at Camp? ___ Yes; ___ No

Name: _____ Relationship: _____

Address: _____ City _____ ST _____ Zip _____

Phone #'s: H) (_____) _____ - _____ W) (_____) _____ - _____ Cell (_____) _____ - _____

HEALTH HISTORY {circle all that apply) Asthma Fainting Spells Convulsions Heart Trouble
Date of last tetanus _____ Diabetes List Physical Limits _____
Allergies _____ Medical Allergies _____ Other _____ NONE

DIFFICULTIES (circle all that apply) Eye Ear Nose Throat Digestion Breathing Other _____

REGULAR MEDICATION REQUIRED? Type _____ Frequency _____
Brought to camp to give to camp Nurse? _____

OTHER RESTRICTIONS OR LIMITATIONS: _____

PARENT AUTHORIZATION: This health history is correct to the best of my knowledge and the person described above 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 an adult Day Camp Leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son. Further, I hereby authorize the on-site Health Officer of the Cub Scout Day Camp to act for me according to their best judgment in any emergency requiring minor medical attention. All other needs will be referred to a medical Physician.

Parent/Guardian PRINT NAME _____ Signature _____ Date _____

UNAKA DISTRICT * ADULT * EMERGENCY MEDICAL INFORMATION

Adult's Name _____ Age _____ DOB _____

IN CASE OF EMERGENCY NOTIFY: Is parent at Camp? ___ Yes; ___ No

Name: _____ Relationship: _____

Address: _____ City _____ ST _____ Zip _____

Phone #'s: H) (_____) _____ - _____ W) (_____) _____ - _____ Cell (_____) _____ - _____

HEALTH HISTORY {circle all that apply) Asthma Fainting Spells Convulsions Heart Trouble
Date of last tetanus _____ Diabetes List Physical Limits _____
Allergies _____ Medical Allergies _____ Other _____ NONE

DIFFICULTIES (circle all that apply) Eye Ear Nose Throat Digestion Breathing Other _____

REGULAR MEDICATION REQUIRED? Type _____ Frequency _____
Brought to camp to give to camp Nurse? _____

OTHER RESTRICTIONS OR LIMITATIONS: _____

AUTHORIZATION: This health history is correct to the best of my knowledge and I give permission to the Day Camp Leader staff to conduct First-Aid or admit me to a Hospital in the event I require emergency care.

PRINT NAME _____ Signature _____ Date _____