

DAY CAMP INDIVIDUAL REGISTRATION FORM

Select Camp on the reverse side of the form.

Pack #: _____ District: _____

Name: _____ Phone: _____

Home Address: _____ City: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: [male] [female]

[] Tag Along (Children ages 3-13, excluding Cub Scouts, of adult leaders and staff members. The Parent of the Tag Along Child must physically be at camp at all times in order for the child to participate as a Tag Along. This program not available at all camps. Consult your Camp Director.)

[] Cub Scout Grade as of Sept. '08: [1] [2] [3] [4] [5] Rank as of Sept. '08: [Tiger] [Wolf] [Bear] [Web 1] [Web 2]

[] Den Chief (must be 14 years of age, 1st Class Scout, hold a troop leadership position and have completed Den Chief Training)

[] Adult Staff (18 years or older) Preferred Position: [Nature] [Handicraft] [Shooting Sport] [Aquatics] [Sports] [Food] [Medical]
 [Den Leader] [Tag Along Leader] [1st Aid/CPR Trained]

T-shirt size: [youth SM] [youth MED] [youth LG] [adult SM] [adult MED] [adult LG] [adult XL] [adult 2X] [adult 3X]

Parent /Spouse Name: _____ Home Phone: _____

Parent/Spouse Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____ Emergency Contact Cell: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____ Emergency Contact Cell: _____

Name of personal physician: _____ Phone: _____

Health insurance carrier: _____ Policy #: _____

List anyone who has permission to pick-up your child from camp: _____

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY (update annually for all participants—to be completed by parent/guardian)

Check all items that apply, past or present, to applicant's health history. Explain any "YES" answers.

	YES	NO		YES	NO		YES	NO
Allergies	[]	[]	Diabetes	[]	[]	High Blood Pressure	[]	[]
Asthma	[]	[]	Fainting	[]	[]	Kidney Disease	[]	[]
Cancer/Leukemia	[]	[]	Heart Trouble	[]	[]	Nose Bleeds	[]	[]
Convulsions/Seizure	[]	[]	Hemophilia	[]	[]	ADD/ADHD	[]	[]

Other: _____

Explain: _____

List any medications to be taken at camp: _____

List any **physical or behavioral conditions** that may affect or limit full participation in swimming, back packing, hiking long distances, or playing strenuous physical games: _____

List any equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations: (give date of last inoculation) **MUST BE FILLED OUT! DO NOT LEAVE BLANK OR WRITE CURRENT.**

Tetanus toxoid: _____ Measles: _____ Polio: _____

Diphtheria: _____ Mumps: _____ Hepatitis: _____

Pertussis: _____ Rubella: _____ Other: _____

PERMISSION FORM

I hereby give permission for full participation in BSA program, subject to limitations noted herein.

(Yes) (No) In case of emergency, I understand that every effort will be made to contact me (if adult, my spouse or emergency contact). In the event I (or my spouse) cannot be reached; I hereby give permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult). I agree to abide by all BSA policies and camp regulations to fulfill my assigned responsibility.

(Yes) (No) The undersigned consent that the Council may furnish BB Guns and Bow and Arrow to the above named minor for the purpose of instruction and safe handling

(Yes) (No) I hereby assign and grant to the California Inland Empire Council the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made by the California Inland Empire Council and I hereby release the California Inland Empire Council from any and all liability from such use and publication.

(Yes) (No) I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the California Inland Empire Council and I specifically waive any right to any compensation I may for any of the foregoing.

Date: _____ Signature of parent/guardian (if under 18 years of age): _____

Date: _____ Signature of applicant: _____

Select a camp:

√	District	Dates	Times	Location	Cost
	Moreno Valley	June 6–7, 2008	5pm–9pm Fri. 8am-4pm Sat.	LDS Church 11557 Redlands Blvd., Moreno Valley	\$40.00
	Grayback	June 9–13, 2008 <i>No Camp Wed. June 11th</i>	3-8pm	Immanuel Baptist Church 28355 Base Line Street, Highland	\$65.00**
	Tahquitz	June 17-20, 2008	3pm-8pm	Murrieta Stake Center 23800 Washington St., Murrieta	\$60.00
	Sunrise	June 24-28, 2008	8:30am-2:30pm	Yucca Valley Stake Center 56885 Onaga Trail & Joshua Tree Lake 2601 Sunfair Rd.	\$60.00
	High Desert	June 23-26, 2008	4pm-8pm	Vanguard Preparatory 12951 Mesquite, Apple Valley	\$60.00
	Old Baldy	July 7-11, 2008	3pm-8pm	Memorial Park, Upland Foothill Blvd. (Between Campus & Grove)	\$65.00**
	Three Peaks	July 21-25, 2008	8:30am – 2pm	Winchester Community Center 32665 Haddock St., Winchester	\$60.00
	Temescal #1	July 28-Aug. 1, 2008	3:30pm-8pm	Hidden Valley Nature Ctr. Riverside County Park 11401 Arlington Ave., Riverside	\$60.00
	Mt. Rubidoux LDS	Aug. 1-2, 2008	4pm-8pm Fri. 10am-4pm Sat.	Riverside Stake Center 4375 Jackson St., Riverside	\$40.00
	Arrowhead	Aug. 2, 2008	9am-5pm	LDS Church 1475 Northpark Blvd. San Bernardino	\$40.00
	Temescal #2	Aug. 12-15, 2008	2:30-7:30pm	Chino Stake Center 3354 Eucalyptus St., Chino Hills	\$65.00**
	Mt. Rubidoux	Aug. 15-16, 2008	4pm-8pm Fri. 8:30am-5pm Sat.	Hidden Valley Nature Ctr. 11401 Arlington Ave., Riverside	\$40.00

A \$10.00 late fee applies to all applications received less than 14 days from the start of the camp session.

Tag Along fee is \$5.00 per day

Youth Staff/Den Chief fee is \$10.00 per camp

****Cost adjusted due to daily meal service.**