

2022 Arrowhead District Cub Scout Day Camp Registration Form

Camp Location: Sonora Park, Kennedale Camp Dates: 6/13/2022-6/16/2022

This Registration is for: Camper Tot-Lot Junior Staff (Grades 6 & up) Adult Position:

Name Gender: Male Female Unit #

Address City Zip

Date of Birth Grade (as of Fall 2022) BSA/Cub Rank (as of Fall 2022)

Days will be Attending Camp: Monday Tuesday Wednesday Thursday

CPR Exp. Date First Aid Exp. Date BB/Archery Exp. Date

Health Insurance Carrier Policy #

Parent/Guardian Name Email

Home # Work # Cell #

EMERGENCY CONTACT: If the above cannot be reached at the phone numbers given, we will attempt to contact:

Name Phone Relationship

UNIFORM ORDER: The Day Camp T-Shirt & Hat is the official uniform for Day Camp and MUST be worn each day.

Note: Tot-Lot Participants will be provided a non-official Camp T-shirt.

Indicate the Size shirt for this participant.

(Select only one shirt! Extra shirts are not available this year.)

Camper (Grades 1-5): 1 T-Shirt & Hat (included in registration fee)

Check Shirt Size:	<input type="checkbox"/> Youth X Small 4-6 <input type="checkbox"/> Youth Small 6-8 <input type="checkbox"/> Youth Medium 10-12 <input type="checkbox"/> Youth Large 14-16	<input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XL
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Youth Staff (Grades 6 & up): 1 T-Shirt (included in registration fee)

Check Shirt Size:	<input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult 2XL
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Adult (age 18 & up): 1 T-Shirt (included in registration fee)

Check Shirt Size:	<input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XL	<input type="checkbox"/> Adult 2XL <input type="checkbox"/> Adult 3XL <input type="checkbox"/> Adult 4XL <input type="checkbox"/> Adult 5XL
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IS THERE ANYONE SPECIFICALLY RESTRICTED FROM PICKING UP THIS CAMPER? YES NO

IF YES, WHO?

For Camp Use ONLY:

REGISTERED BSA MEDICAL IMMUNIZATIONS INSURANCE CONTRACT TRAINING YPT

ARROWHEAD DISTRICT
CUB SCOUT DAY CAMP
CONTRACT 2022

JOB DESCRIPTIONS

PROGRAM STAFF

I, have read the job description for the position of STAFF/CHAPERONES /JR STAFF/ DEN Chief for Cub Scout Day Camp. I will arrive at 7:30am each day, in uniform. I agree to abide by all the rules and regulations of the camp. I will do my best to fulfill the job description of my position and any other duties that may be assigned by the Camp Director and follow the policies of the Scouts BSA of America.

Signature

Date

CAMP RULES

1. All Scouts in camp will use the buddy system.
2. NO Profanity or fighting.
3. ALL Scouts will stay with their den unless the chaperone has given permission for them to leave.
4. ALL Scouts will check in and out with the chaperone each morning and afternoon. ALL Staff, Chaperone, Scouts BSA and Helpers will check in and out at Headquarters.
5. Behavior problems will be brought to the Camp Director. If this causes the Camper to miss an event the Camper will not be able to make it up. Excessive problems will result in the Scout being sent home.
6. Any injury must be reported to the chaperone immediately, and reported to the Health Officer.
7. Before bringing any water devices please check with the chaperone.
8. ALL VISITORS MUST CHECK IN AND OUT AT CAMP HEADQUARTERS.
9. Wear your Camp T-shirt, hat each day and closed toe shoes.
10. NO SMOKING! Please check with the director for the designated smoking area.
11. Stay away from unauthorized areas.
12. No Knives or guns allowed. No Pets!
13. Park in designated areas only and do not speed.

All Staff shall be at least 18 years old
Registered with Scouts BSA, YPT Certified
Responsible to the Program Director and Camp Director
In cooperation with Chaperones carry out the program
Responsible to the Program Director for all materials and supplies used
Report any program problems to the Program Director or Camp Director
Report any behavior problems to the Program Director or Camp Director
Secure all materials and work area daily
Other duties as assigned

CHAPERONES

All Chaperones shall be at least 21 years old
Able to exert strong leadership skills
YPT Certified
Responsible to the Program Director and Camp Director
Supervise all campers in their care
Assist campers with housekeeping, sanitation, health and safety
Assist Program Staff and campers in activities as needed
Maintain proper conduct in the Den
Keep daily attendance records; report attendance before first session daily
Assist campers in preparing an opening, closing, song, skit or yell
Responsible to see that all campers are picked up before leaving for the day
Other duties as assigned

JUNIOR STAFF/DEN Chief

Scouts BSA working in Program areas at least 14 years old
YPT Certified
Conduct themselves per the Scout Law and Oath
Responsible to the adult to whom they are assigned, Program Director and Camp Director
Assist Chaperones or Program Staff as needed
Other duties as assigned

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

Checking this box indicates you DO NOT want your child to use a BB device.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any:

None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: _____

Name: _____

Phone: _____

Phone: _____

Adults **NOT** Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

Phone: _____



Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) _____ YES NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) _____ YES NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken. If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

YES NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., Hib)	
			Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.
 Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____

