

Caswell District Cub Scout (Youth) Registration Form

In order to register a Cub Scout for Twilight Camp, this form and the Medical/information sheet Class I must be filled out, in ink, for each Scout. The registration fee must accompany this form by June 22, 2009. Scouts registered after the sign up date will not be guaranteed a T-shirt upon arrival at camp. An adult partner must accompany each Tiger cub.

Pack Number _____ Caswell District

Cub Scout's Name _____ Birth date _____

Parent's email address: _____

Circle the school grade your child will begin in September 2009: (Rank is for the upcoming year)

1st (Tigers) 2nd (Wolves) 3rd (Bears) 4th (Webelos I) 5th (Webelos II)

Each scout will receive **one** free T-shirt for camp. **The T-shirt must be worn every day at camp.** Extra T-shirts may be purchased at Camp if available. Circle the appropriate T-shirt size:

Circle One: YM YL AS AM AL

Circle One: Swimmer or Non-swimmer

Emergency Contact: During the activity, parent(s) may be reached at

Parent/Guardian's name _____

Contact number(s) _____

Fee Schedule

Cub Scout.....\$55

Late fee (after June 22)\$15 (Total of \$70)

Total Enclosed\$_____

Charge card: MC Visa Exp. Date ____ / ____

Card # _____

Name on Card _____

Please make checks payable to: **ECC – BSA**

Please return completed form and payment to Council Office:

**ECC BSA
PO Box 1698
Kinston, NC 28503**

Name _____

Administration Use Only

Pack _____

Den _____

PERSONAL HEALTH AND MEDICAL RECORD

CLASS 1 AND CLASS 2

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out annually by all participants)

To be filled out by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Contact number _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

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

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner 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 participant is an adult).

Date _____ Signature of parent/guardian or adult _____

Date updated _____ Signature of parent/guardian or adult _____

Date updated _____ Signature of parent/guardian or adult _____

Some hospitals require the parent/guardian signature to be notarized. Check with your BSA local council.

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants Yes ☐ No ☐ Explain: _____

GENERAL INFORMATION: Yes No		Yes No		Yes No	
ADHD (Attention-Deficit	<input type="checkbox"/> <input type="checkbox"/>				
Hyperactivity Disorder	<input type="checkbox"/> <input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/> <input type="checkbox"/>	Hemophilia	<input type="checkbox"/> <input type="checkbox"/>
Asthma	<input type="checkbox"/> <input type="checkbox"/>	Diabetes	<input type="checkbox"/> <input type="checkbox"/>	High blood pressure	<input type="checkbox"/>
	<input type="checkbox"/>				
Cancer/leukemia	<input type="checkbox"/> <input type="checkbox"/>	Heart trouble	<input type="checkbox"/> <input type="checkbox"/>	Kidney disease	<input type="checkbox"/> <input type="checkbox"/>

Explain: _____

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used:

List any medications to be taken at camp: _____

List any physical or behavioral conditions, or history of, that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games:

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

Immunizations: (Give date of last inoculation.)

Tetanus toxoid _____ Measles _____ Polio _____

Diphtheria _____ Mumps _____

Pertussis _____ Rubella _____

Name _____

Administration Use Only

Pack _____

Den _____