

Individual Cub Scout Registration Form

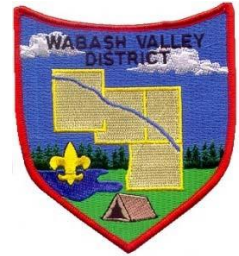
Adventures with Bugs
Wabash Valley Day Camp

June 10th, 11th, 12th, 2020

8:30am - 3:30pm

Wells County 4-H Park

1240 4-H Park Road, Bluffton, IN



Scout/Contact Information:

Cub Scouts Name _____ Date of Birth _____ Pack # _____

Mailing Address _____ City _____ Zip _____

Rank of Scout in FALL OF 2020:

Tiger (1st grade) Wolf (2nd grade) Bear (3rd grade) Webelos (4th grade) Arrow of Light (5th grade)

Tiger Scouts (1st grade in fall 2020) MUST have an adult accompany them at camp. It does not have to be the same adult each day. Please complete staff registration form and Youth Protection Training for each adult attending.

Parent/Guardian Name _____ Phone: _____

Please indicate your preferred method of receiving Day Camp Communications.

1. Please add me to the Remind thread Day Camp Parents 2020 _____

Or

2. I will add myself to the Remind thread Day Camp Parents 2020 _____

Send a Text to 81010 Text this message @677ed6h

*Remind is a free service that will allow us to send quick messages to everyone involved in camp. Your personal contact information will be kept private. When replying to a remind message only the original sender will see your message.

Emergency Contact Information: List someone other than the parent/guardian above.

Name _____ Relationship _____ Phone # _____

T-Shirt Information:

One camp T-shirt will be provided with registration. Camp T-Shirts must be worn by all youth each day of camp. Please check T-shirt size needed.

T-Shirt Size: Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16) Adult Small

Adult Medium Adult Large Adult XL

Extra T-shirts are available for \$10 each.

Please list size and quantity of any extra T-shirts you wish to purchase _____

Deadlines and Fees:

Early Bird Registration until May 12th is \$50 per Scout

Regular Registration fee May 13th-June 2nd is \$60 per Scout

Registration is closed after June 2nd. No scouts will be registered after this date.

Attention: If your application is received late you will not get a T- shirt.

\$60	-	-	=	+	=
Base Registration Fee is \$60	Early Bird Discount -\$10 if paid by May 12 th , 2020	Brother Discount -\$5 for each brother attending this camp	Registration Fee after discount	Extra T-Shirt Fee	Total Payment

Restrictions: Are there any medical conditions or restrictions for any activities? Please explain.

Release Authorization: Wabash Valley Day Camp Staff will only release your child to the people named below. Your child WILL NOT be allowed to leave camp with a person not listed below, until we have contacted you by phone, even if the person claims to be a legal custodial parent or guardian. **Without an adult listed below, we are only allowed to release your child to the person who signed the camp application. This is a child safety regulation. Please list at least one adult below other than yourself.**

Adults Authorized to Take My Child from Wabash Valley Day Camp:

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

Medical Authorization: All prescription and non-prescription medications to be taken at camp should be in its original container, labeled with the scout's name and unit number and must be kept at the First Aid Station at Camp Headquarters. The Scout must come to the Camp Health Officer at the required time and take the medicine him/herself. Other Day Camp Staff cannot dispense medicine. Please only bring the amount needed for the three days at camp. If your scout needs a rescue inhaler or epi pen, he/she must keep one on his/her person and a second one at the First Aid Station.

Talent Release: I hereby assign and grant to Anthony Wayne Area Council, Boy Scouts of America Inc., and its representatives permission to use/publish any type of photograph/video/picture(s), with or without sound, taken of my child(ren) while he/they are participating in any event sponsored by said council. I hereby release Anthony Wayne Area Council, Boy Scouts of America Inc. and its representatives for all liability from such use and publication, and authorize the reproduction, sale, copyright, exhibit, and broadcast of said presentations; and I specifically waive any right to compensation I may have for any of the foregoing.

General Information/Health History (GI/HH): Each camp participant must have the attached health information form completed and presented with this Day Camp Registration Form, along with a copy of the front and back of the health insurance carrier card for the child.

Parent Authorization: The person herein described has permission to engage in all activities, except as noted above. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the camp leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my child.

Signature: _____ Date: _____

Allergies/Medications

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 INDICATE 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)

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 :
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/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	Last attack date :
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date :
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		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	



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Wabash Valley Day Camp Special Dietary Considerations/Restrictions

Wabash Valley Day Camp tries to accommodate special dietary needs of Scouts and Scouters. Certain specialized needs will require parental or leadership support to ensure that dietary needs can be adequately met.

Scout/Scouter Name _____ Date of Birth _____

Any food allergies (including milk protein allergy)? Yes No. If yes, please explain, list each allergy, including type/severity of reaction:

Is cross-contamination with small amounts of potentially allergy-producing food items a concern? Yes No

Is an Epi-pen required for any of these food allergies? Yes No. If yes, which ones?

Aside from food allergies, are there any other dietary restrictions? If yes, please list:

Does Scout or Scouter have a specific medically-prescribed diet? If yes, please list:

Does Scout or Scouter have any physical disabilities and/or conditions that make eating and/or drinking difficult? If yes, please explain below, including accommodations that need to be made while your child is at camp:

Are there any other special considerations or insights we should know about the Scout's or Scouter's dietary restrictions/concerns? If so, please explain:

