

**West Central Florida Council
Boy Scouts of America
Cub Scout Day Camp 2008, Blast from the Past
CAMPER APPLICATION**

Calusa: ____ June 9 – 13th, 9:00am – 4:30pm
____ June 16th – 20th 9:00am – 4:30pm (joint with Skyway)

Twin Rivers: ____ June 16th – 20th, 9:00am – 4:00pm

Skyway: ____ June 16th – 20th, 9:00am – 4:30pm (joint with Calusa)

Osceola: ____ June 23rd – 27th, 9:00am – 4:30pm

Please fill out BOTH sides completely and return with the registration fee to your pack. **You must register with your pack.** Cub Scout Day Camp is for boys who have completed grades Kindergarten through 4th. You must be a registered Cub Scout to attend.

Please PRINT or TYPE:

Name _____ Pack _____

Street Address _____ District _____

City, State, Zip _____ Birth Date _____

Home Phone _____ Cell Phone _____

Emergency Contact Name _____ Emergency Contact Phone # _____

Parent's Name _____

Parent's Phone _____ (Home) _____ (Work)

School Grade as of September, 2008 _____ Den as of September, 2008 _____
(Tiger, Wolf, Bear, Webelos I, Webelos II)

T-shirt Size Child: M _____ L _____
Adult: S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

My son has permission to attend Cub Scout Day Camp. I understand the camp fee is the same whether my son attends one day or every day. The registration fee is non-refundable. The cost of registration includes the cost of supplies, patch, T-shirt, insurance and other camp program materials.

I hereby assign and grant to the boy Scouts of America the right and permission to use and publish the photography/film/video tapes/electronic representations and/or sound recordings made during my child's visit to the WCFC Cub Scout Day Camp 2008, Blast from the Past, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

Parent or Guardian

This registration form must be returned to your pack. The camp fee is \$75 per Cub Scout. **An Early Bird fee of \$60.00 per Cub Scout is available if your pack pays before the early bird deadline of Monday April 28th, 2008.** This early bird deadline is for all districts. Please note, to guarantee that your Scout receives a shirt your application must be in by Monday, April 28th, 2008. **Each pack must provide one full-time adult volunteer for every five Cub Scouts (this does not include Parent Partners).**

____ My parent will be a full-time volunteer at camp. Staff application attached.
\$20 discount for all children of full-time volunteers!

____ My parent will be a part-time volunteer at camp. Staff application attached. Sorry, there is no discount.

____ I will take advantage of early drop-off at 8am and/or late pick-up at 5pm (not available at all camps;
a separate fee of \$10 is required -- see accompanying materials).

Mon. AM ____ PM ____ **Tues.** AM ____ PM ____ **Wed.** AM ____ PM ____ **Thur.** AM ____ PM ____ **Fri.** AM ____ PM ____

____ I wish to purchase ____ extra T-shirts at a cost of \$10.00 per shirt (XXL and XXXL are \$12.00 ea.)

EMERGENCY INFORMATION- Youth

Name _____ Age _____ Pack/Troop _____ District _____
Address _____ City/Town _____ ZIP _____

☐ Name _____ Relationship _____
Address _____ Phone (H) _____ (W) _____ (C) _____
☐ Name _____ Relationship _____
Address _____ Phone (H) _____ (W) _____ (C) _____
Family Physician _____ Phone _____

Have or subject (check if yes, describe any checked items):

_____ Asthma (is inhaler needed? _____) _____ Fainting Spells _____ Convulsions _____ Heart Trouble
_____ Diabetes _____ Sports Restrictions (specify) _____

_____ Allergy or reaction to any medication, food, insect, or other (specify) _____

Have difficulty with (check if yes): _____ Eyes _____ Ears _____ Nose _____ Throat _____ Lungs _____ Digestion

Any condition requiring medication? _____

Name of medication(s) _____

(Medication must be in original pharmacy container and must be turned in to Camp First Aid Staff).

Medications to be dispensed at camp

Any restrictions on activity for medical reason? _____

BE SURE THAT YOU, THE PARENT, FILL OUT THE HISTORY IN FULL. IF YOUR SON HAS ANY CONDITION THAT WARRANTS REGULAR PHYSICIAN'S ATTENTION OR ANY RESTRICTIONS ON ACTIVITY, PLEASE HAVE YOUR DOCTOR REVIEW AND SIGN; OTHERWISE A PHYSICIAN'S SIGNATURE IS NOT REQUIRED.

This health history is correct so far as I know and the person herein described has my permission to engage in all prescribed activities, except as noted above by me and/or the physician.

I/We, the undersigned parent(s) or guardian having legal custody of Scout _____
a minor, age _____, who resides with me/us at the address set forth below, hereby authorize any of the adult leaders at Cub Scout Day Camp, West Central Florida Council, BSA, to procure and authorize any x-ray examination, anesthetic, hospitalization, injection, medications, surgery or other medical treatment for the above Scout as, in the judgement of the adult, the emergency situation may warrant to be rendered under the general or specific supervision and on the advice of any physician or surgeon licensed to practice in the State of Florida, and consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care, to be rendered to the minor by any dentist licensed to practice in the State of Florida. No adult leader incurs any financial responsibility to himself.

SIGNATURE(S) OF PARENT(S) OR LEGAL GUARDIAN

Father _____ Mother _____ Legal Guardian _____

Address _____ City/Town _____ ZIP _____

Emergency Phone Numbers (H) _____ (W) _____ (C) _____

The above named child is insured by (Name of Insurance Company) _____

Group Number _____ Policy Number _____

Physician's signature required only for those boys with activity restrictions or conditions that warrant regular Physician's attention or medication.

Physician's Signature _____ Date _____
Physician licensed to practice medicine in Florida

This completed form must be on file all week while the Scout is in attendance. He may not participate if this form is not on file or incomplete.