

Youth Application Worksheet – Cub Scout Summer Camp 2008 – Sample Gathering Form

All questions in **BOLD** are required for online registration

Scout Name: (first) _____ (last) _____ **Pack:** _____ **Rank in Fall:** _____

DOB: ___/___/___ **Age:** ___ **Height:** _____ **Weight:** ___ **lbs**

Shirt Size: (circle) Youth Medium Youth Large Adult Small

Adult Name: (first) _____ (last) _____

Primary Ph#: () - ___ - _____ (home) (cell) (office)

Secondary Ph#: () - ___ - _____ (home) (cell) (office)

E-mail: _____

Home Address: _____

City: _____ **Zip:** _____

Parent position within Pack: _____

Parent Occupation: _____ Company: _____

In Case of Emergency: _____ **Relationship:** _____

Ph#: _____ **E-mail:** _____

Family Physician: _____ **Ph#:** _____

Insurance Carrier: _____ **Policy#:** _____

Check all camps you plan to attend			
Sign Up	Location	Week	Youth Cost
	Lake Cunningham	June 16-20	\$130
	Lake Cunningham Twilight	June 16-20	\$80
	Lake Cunningham	June 23-27	\$130
	Lake Cunningham Twilight	June 23-27	\$80
	San Martin Country Park	June 23-27	\$115
	Vasona Park	June 30-July 3	\$115
	Homeridge Park	July 7-11	\$115
	Stevens Creek Park	July 14-18	\$115
	History Park	July 21-25	\$115
	Stevens Creek Park	July 21-25	\$115
	San Martin Country Park	July 28-August 1	\$115
	Vasona Park	July 28-August 1	\$115
	Stevens Creek Park	August 4-8	\$115
	Lake Cunningham	August 4-8	\$130
	Lake Cunningham Twilight	August 4-8	\$80
	Webelos Adventure Camp I	June 22 – 25	\$180
	Webelos Adventure Camp II	June 25 – 28	\$180
	Cub Adventure Camp	July 18 – 20	\$125

General Information (Check all that apply)	Yes	No
Asthma:		
Diabetes		
Convulsions/Seizures		
Hemophilia		
High Blood Pressure		
Kidney Disease		
Cancer/Leukemia		
ADHD (Attention-Deficit-Hyperactivity Disorder)		
Allergies:		
Food _____		
Medicine _____		
Plants _____		
Insects _____		
Other _____		

Please list ALL medications taken on a regular basis: _____

List any medications to be taken at camp, including drug, dosage, route (oral, injection, etc.), and frequency: _____

List any physical or behavioral conditions that may affect or limit full participation strenuous physical activities: _____

Immunizations: (Give Year of last inoculation.)

Tetanus toxoid _____ **Measles** _____ **Polio** _____

Hepatitis A _____ **Chicken pox** _____

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).

I hereby grant the Santa Clara County Council permission to interview me and my son and/or to use my or my son's likeness in photograph(s) /video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Santa Clara County Council, in perpetuity, and for other use by the Council. I will make no monetary or other claim against Santa Clara County Council for the use of the interview and/or the photograph(s)/video.

Date: ___/___/___ Signature of parent/guardian or adult: _____