Mobile Area Council

Baldwin Cub Scout Day Camp 2022

**INDIVIDUAL CUB SCOUT REGISTRATION FORM**

(Completely fill out this form and medical form. Campership request must be turned in before or at time of registration)

**Location of Day Camp: Camp Silvercreek, 16914 Co Rd 52, Silverhill, AL 36576**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pack #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Adult Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rank as of Day Camp Start: (Circle One): Tiger Wolf Bear Webelos 1 Webelos 2**

**T-Shirt Size** (one included with early registration): (Circle One) YS YM YL AS AM AL

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FEE SCHEDULE

Early Bird Camper Fee (by May 23, 2021) $85.00

Regular Camper Fee (by June 5, 2021) $105.00

BSA Registration, if not a current registered Scout $67.00

Discounted Camper – 5 day Volunteer $65.00

Staff Tot Lot (must be fully potty trained) $25.00 (applies to 5-day staff only)

\*All forms and payment must be received in Council Service Center office by 5pm on date of deadline.

Main Phone Number: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone Number: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp Registration Fee (see schedule above)  **$\_\_\_\_\_\_\_\_\_\_**

Extra T-Shirts ($12.00 each) YS:\_\_ YM:\_\_ YL:\_\_ AS:\_\_ AM:\_\_AL:\_\_ **$\_\_\_\_\_\_\_\_\_\_**

NOTE: Extra shirts must be pre-ordered; each camper will receive one free shirt with registration

(Registration and extra shirts = total payment) TOTAL PAYMENT **$\_\_\_\_\_\_\_\_\_\_**

*Complete form and submit to Mobile Area Council – 2587 Government Blvd., Mobile, AL 36606*

*Email* [*bertoler@scouting.org*](mailto:bertoler@scouting.org)

***All fees are Non-Refundable*** Office Use: 6801-503-20

Received Date \_\_\_\_\_\_\_\_\_\_\_\_ Entered Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Campership \_\_\_\_\_\_\_\_\_\_\_ T-shirt received \_\_\_\_\_

 Mobile Area Council

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# SCOUT’S PERSONAL HEALTH AND MEDICAL HISTORY

Scout Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home / Work / Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If person named above cannot be reached in the event of an emergency, notify**:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health/Accident Insurance Carrier:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Policy #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCOUT’S MEDICAL HISTORY:**

Circle all items that apply, past or present to Scout’s history. Explain.

Asthma Diabetes Bone/Joint Breathing Vision

Cancer Nose Bleeds Kidney Disease Hearing Seizures

ADD/ADHD Blood Disorders Headaches Dizziness Heart

**Explain**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES to: Foods Medicines Insects Environmental

**Explain**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List **ANY** medications currently taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List **ANY** medications to be taken at Day Camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a scout needs to take any medicine at camp, a signed note from a parent/guardian is REQUIRED on the 1st day of camp. IF A SCOUT TAKES MEDICATION FOR ADD/ADHD REGULARLY AT SCHOOL, PLEASE MAKE SURE SCOUT CONTINUES MEDICATION FOR DAY CAMP. **ALL PRESCRIPTION MEDICATION MUST BE IN THE ORIGINAL BOTTLE WITH INSTRUCTIONS.** *Only one dose of medication should be in the prescription bottle each day*.

**All Scouts need a completed BSA Medical form Parts A&B, a range permission slip, and an Early Dismissal From Camp form completed and turned in prior to the start of camp**.

**MEDIA RELEASE:** Print, radio or television media may take pictures or interview your child at Day Camp. By signing below, you agree to let your child participate with the media. If you do not wish your child to take part in print, audio, or video interviews or pictures, please place an “X” across this paragraph. Your child will be refrained from participating in media activities.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, I understand every effort will be made to call the parent / guardian or emergency contact. In the event no one can be reached, I hereby give my permission to the physician, selected by the adult leader in charge, to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for the child named on this form.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tylenol / Motrin / Aleve** (circle choice) Can / Cannot be administered to my son.

**SPF 30** **Sunscreen** (circle choice) Can / Cannot be administered to my child.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_