



# SOARING EAGLE DISTRICT

## 2003 CUB SCOUT CAMP ADULT APPLICATION

**DIRECTIONS:** Each **ADULT** attending camp as a walk around leader or staff must complete this form. To ensure a quality run camp there must be one walk around leader for every five Scouts attending camp. Return completed form to Pack Coordinator.

**PACK #** \_\_\_\_\_ **T-shirt** (circle one, sizes are adults) **S M L XL XXL XXXL**  
 Paid \$7.00 for shirt? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*If you work all 5 days as walk around leader your T-shirt is free*

**Camp Date:** June 16 – 20 **Time:** 4:30PM – 8:15PM **Location:** Florin Creek Park:

Please check **ONE:** \_\_\_\_\_ Walk Around Leader \_\_\_\_\_ Station Assistant

Please check **day(s)** attending: \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat

**PLEASE PRINT:**

Adult Name \_\_\_\_\_ DOB \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: Home # \_\_\_\_\_ Work # \_\_\_\_\_ E mail \_\_\_\_\_

**Please circle any appropriate answers:**

Do you hold a current CPR card?	YES NO	Do you hold a current First Aid card?	YES NO
EMT, Nurse, or Doctor?	YES NO	Registered Adult Scouter?	YES NO
Emergency Contacts	Relationship	Phone #	
_____	_____	_____	
_____	_____	_____	

**Medical Information:**

Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Allergies (Circle those applicable): Food Medicine Plant Insect NONE Other: \_\_\_\_\_

Convulsions/Seizures	YES NO	Diabetes	YES NO	Asthma	YES NO
Heart Trouble	YES NO	Kidney Disease	YES NO	High Blood Pressure	YES NO
Hemophilia	YES NO	ADHD	YES NO	Cancer/Leukemia	YES NO

Explain any **YES** answers \_\_\_\_\_

List medications to be taken at camp. **Medication brought to camp MUST be in original container, and will be dispensed by the Camp Health Officer.** \_\_\_\_\_

Immunizations (give date of last inoculation):  
 Tetanus \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_ Rubella \_\_\_\_\_  
 Diphtheria \_\_\_\_\_ Mumps \_\_\_\_\_ Pertussis \_\_\_\_\_ Other \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY,** I understand every effort will be made to contact the emergency contact listed above. In the event no one can be reached, I hereby give permission for emergency treatment of myself.

Signature of Adult attending camp **X** \_\_\_\_\_ Date: \_\_\_\_\_