



SOARING EAGLE DISTRICT 2003 CUB SCOUT CAMP YOUTH APPLICATION

DIRECTIONS: Fill out this form for each Scout attending camp. Must be signed by the parent or legal guardian. Return completed form to Pack Coordinator.

Camp Date: June 16 – 20 **Time:** 4:30PM – 8:15PM **Location:** Florin Creek Park
Cost : \$40

PACK # _____ **T-shirt size** (circle one) **Youth M L** or **Adult S M L**

Age ____ **Rank at time of camp** (circle one) **Tiger Wolf Bear Webelos I Webelos II**

PLEASE PRINT:

Scout Name _____ Address _____

City _____ Zip _____

Phone # _____ Parent's e-mail _____

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Emergency Contact: _____ Relationship _____ Phone # _____

The following individual(s) are authorized to pick up my son at camp: _____

List driver(s) excluded from transporting your child: _____

Medical Information:

Physician Name _____ Phone # _____

Allergies (Circle those applicable): Food Medicine Plant Insect NONE Other: _____

Convulsions	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 Case of Emergency, I understand every effort will be made to contact me or the emergency contact listed above. In the event that I cannot be reached, I hereby give my permission for emergency treatment of my child listed above in my absence.

Signature of Parent/Legal Guardian X _____ **Date** _____

Parent Permission

_____ I give permission for my son listed above, to participate in all activities, including Archery and BB gun range activities, of this Cub Scout Camp. I understand that these activities are organized and supervised by certified adult leaders.

_____ I do not wish for my son to participate in Archery and BB gun activities, but do allow him to participate in all other activities.

As a Scout I agree to **DO MY BEST** to behave in a manner suitable to the occasion and with respect for my Cub Scout Promise.

Signed by: _____ (Cub Scout Signature)