



Northern Rivers District  
2007 CUB SCOUT DAY CAMP  
June 25-28, 2007  
Den Chief Registration

Troop #: \_\_\_\_\_

If you currently work as a Den Chief for a Pack, please list Pack #: \_\_\_\_\_

**DIRECTIONS:** Fill out this **entire** form for each Den Chief working at camp. Return completed form to Pack Day Camp Coordinator or Scout office. **Incomplete forms will be returned.**

*Camp Staff T-shirts are provided on a complimentary basis to those Den Chiefs working 2 or more days at camp. If you are working only one day and wish to have a shirt, please include payment of \$5.00.*

**T-shirt size:**  Youth Large  Adult Small  Adult Med  Adult Large  Adult XLarge

**PLEASE PRINT NEATLY:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Age: \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Day Phone \_\_\_\_\_

**In addition to the parents/guardians named above, please list all individuals authorized to pick up your Scout at camp: (Exact legal names must be provided. ID's will be checked)**

*Please note that only those individuals listed on this form will be authorized to pick up your Scout. If you need to add names at a later date, you may do so on the first day of camp.*

**Please check all days that you are available to work:**  Monday 6/25  Tuesday 6/26  Wednesday 6/27  Thursday 6/28

**Medical Information:**

Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies (please list all): \_\_\_\_\_

Conditions (please check any that apply):

- |   |  |                                     |  |
|---|--|-------------------------------------|--|
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Asthma     | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Kidney Disease       | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> ADHD          |
| <input type="checkbox"/> Cancer/Leukemia      | <input type="checkbox"/> Other               |                                     |  |

Please provide explanation for any checked boxes: \_\_\_\_\_

**List medications to be taken at camp. Medication brought to camp MUST be in original container and dispensed by Medic:**

**Secondary Emergency Contact other than parents/guardians listed above:**

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

**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 authorize the camp personnel to make such arrangements as deemed necessary in regards to transportation and emergency medical treatment.

Parent/Guardian Signature X \_\_\_\_\_ Date: \_\_\_\_\_

Immunizations (give date of last inoculation or attach copy of immunization chart):  see attached

Tetanus \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_ Rubella/Diphtheria \_\_\_\_\_  
Mumps \_\_\_\_\_ Pertussis \_\_\_\_\_ Other \_\_\_\_\_

**Photo Release:** By completing this application, you hereby authorize the use of your image in any photographs that may be used for news or promotion.

**Parent Permission for Shooting Sports Participation (Please initial):**

\_\_\_\_\_ I give permission for my Scout listed above to assist 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.