

RIVER TRAILS DAY CAMP YOUTH REGISTRATION

*******IMPORTANT DAY CAMP INFORMATION*******

This form is to be returned to your Pack Day Camp Chairman in time to be turned in to the District by **May 24, 2010** with camp fee of \$40. Late registrations will be \$60. The youth must be a registered Scout. Bring a sack lunch each day (non-spoilable) with drink. Wear Camp T-shirt each day (Issued on first day). No flip-flops or bare feet. Bring one bag of cookies; these will be divided between all dens. Bring labeled backpack and hat, extra clothes and a towel.

Please check rank your scout will be on June 15, 2010:

Tiger___ Wolf___ Bear___ Webelos I___ Webelos II___ Pack: #_____

Please check T-shirt size: Youth Small___ Youth Medium___ Youth Large___ Adult-Sm___ Other___
(list)

Boy's Name:_____ Age:_____ Birth date:_____

Address:_____ City_____, MO ZIP_____

Phone #_____

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HEALTH HISTORY

Personal Physician:_____ Phone:_____

IN CASE OF EMERGENCY NOTIFY:

Name:_____ Relationship: Parent___ Guardian___ Other___

Phone: Daytime:_____ Night:_____

Alternate Emergency Contact: Name:_____ Phone:_____

Have or Subject to: (Check if yes)

___ Asthma ___ Fainting Spells ___ Convulsions ___ Heart Trouble ___ Bleeding Disorders
___ Allergy to any medication, food, plant, animal, or Insect toxin: (List)_____
___ Any other condition that may require special care or medication (List)_____

Check here if none of the above applies

Have difficulty with: (Check if Yes)

___ Eyes ___ Ears ___ Nose ___ Throat ___ Digestion ___ Lungs ___ Sleep Walking

Condition requiring regular medication, Name of medication:_____

Is this medication with boy? ___ If not, who has it and where?_____

Other restrictions of activity for medical reasons?_____

Other Comments:_____

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THE FOLLOWING PEOPLE HAVE MY PERMISSION TO PICK UP MY CHILD FROM DAY CAMP: (PHOTO ID
WILL BE REQUIRED AT HEADQUARTERS)

PARENT AUTHORIZATION

This health history is correct so far as I know, and my permission is given to engage in all camp activities except as noted above. In the event I cannot be reached in an emergency, I hereby give my permission for medical treatment by a physician or hospital selected by the Camp Leaders. I will assume all financial responsibility for the costs of such treatment over and above the camp accident insurance that is in force for all participants.

SIGNATURE:_____ DATE:_____

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CAMP USE ONLY: Camp Den Assigned:

Med Alert: N / Y