

APRIL 9 - 11, 2010

Please indicate which day(s) attending: FRIDAY SATURDAY SUNDAY (circle ALL that apply)

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|--|--|
| D E N G U I D E | Name _____ |
| | Pack / Troop # _____ Phone # _____ |
| | Birth date _____ |
| | Current Youth Protection Training? YES NO (A current YPT certificate showing an expiration date AFTER 11 April, 2010 MUST accompany this form.) |

| IN CASE OF AN EMERGENCY – NOTIFY: | |
|-----------------------------------|-----------------|
| Name _____ | Phone (h) _____ |
| E-mail _____ | (w) _____ |
| Clinic _____ | (c) _____ |

T-SHIRT ORDER

One adult-sized t-shirt is provided free of charge to all Den Guides.

___ SM (34-36) ___ MED (38-40) ___ LG (42-44)
___ XL (46-48) ___ 2XL ___ 3XL

Please list and explain any present medical problems, chronic conditions (i.e. – Allergies, Medication, Insect Bites, Bee Stings, Epilepsy, Asthma, ADD, etc.) or any special precautions or restrictions.

FEES

The fee for Den Guides is \$5.00 and includes a Day Camp patch and snacks.

| | |
|--|--|
| Medicine(s) Taken Regularly? Yes No (circle one) | Tetanus Shot YES NO (circle one) Year ____ |
| Medicine Name _____ | |
| Reason Taken _____ | |
| Dose and Frequency _____ | |

PLEASE NOTE

Each Den Guide will be assigned to no more than six (6) Cub Scouts and must only be responsible for that group of Cub Scouts whom s/he is there to chaperone. NO SIBLINGS are allowed. _____ (initial here)

TRAINING

All Den Guides MUST attend one of two available training sessions, to take place on 18 March at 1900 OR Saturday, 27 March at 1000. If a Den Guide is unable to attend one of those two training sessions, s/he MUST make separate arrangements with the Camp Director. Please contact him directly to do so.

This registration form is to be completed and returned to your Pack Coordinator. Deadline to the Scout Service Center is 11 March 2010. **A late fee of \$5.00 per Scout will be added after 11 March 2010.** Individual registration forms will NOT be accepted at the Scout Service Center; they MUST go through your Pack Coordinator.

PARENT OR GUARDIAN AUTHORIZATION

The undersigned does hereby authorize the Far East Council, Boy Scouts of America, or such substitute as they may designate as agent for the undersigned to consent to any X-Ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, at Cub Scout Camp or elsewhere.

Signed: _____

Relationship: _____ Date: _____

- The following items MUST be stapled to this form:
- BSA Annual Health & Medical Record
 - Great Okinawa District Photo Release Form
 - Current Youth Protection Training Certificate (showing an expiration date AFTER 11 April, 2010.)