

**Great Okinawa District 2010 Cub Scout Day Camp
APRIL 9 - 11, 2010**

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

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Name _____
 Pack / Troop # _____ Phone # _____
 Birth date _____
 If Youth Staff, are you at least 14 years of age? _____
 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 Staff members.

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

FEES

There is no fee assessed to serve on the Staff of the 2010 Great Okinawa District Cub Scout Day Camp.

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.

TRAINING

All Staff 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.

Medicines Taken Regularly? Yes No (circle one)

Medicine Name _____

Reason Taken _____

Dose and Frequency _____

Tetanus Shot	
YES	NO
(circle one)	
Year _____	

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: _____

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.

- 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.)