

APRIL 9 - 11, 2010

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

Turn this form into your Pack Coordinator -- Forms will NOT be accepted individually at the Scout Hut.

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S**

Name _____

PACK # _____ Birth date _____

Tiger Adult Partner Name _____

Tiger Cub Adult Partner must attend, and must only be responsible for the ONE Tiger Cub whom s/he is there to chaperone. NO SIBLINGS are allowed. _____ (initial here)

IN CASE OF AN EMERGENCY – NOTIFY:

Name _____ Phone (h) _____

E-mail _____ (w) _____

Clinic _____ (c) _____

This year (2009-2010) I am working in: (check one)

___ Tiger Book

This year (2009-2010) I am in the: (check one)

___ 1st grade

Closed-toe, athletic-style footwear MUST be worn!

Please list and explain any present medical problems, chronic conditions (allergies, medication(s), insect bites, bee stings, epilepsy, asthma, ADD / ADHD, etc.) or any special precautions or restrictions.

T-SHIRT ORDER

Youth _____ MED (10-12) _____ LG (14-16)

One youth t-shirt is included in the fee

TO INCLUDE WITH THIS FORM

Great Okinawa District Photo Release form (revised Feb, 2010) and a BSA Annual Health & Medical Record **MUST** be stapled to this registration form. Scouts from the same family **MUST** have his own of all forms.

Medicines Taken Regularly? Yes No (circle one)

Medicine Name _____

Reason Taken _____

Dose and Frequency _____

Tetanus Shot

YES No
(circle one)

Year _____

Cub Scouts are to bring their medication to Day Camp each day as needed. All medications will be administered by an adult First Aid Staff Member.

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: _____

Parents are responsible for transportation to and from Day Camp. No Cub Scout will be allowed to leave camp without permission of the Day Camp Director. Scouts **MUST** sign in & out each day.

This registration form is to be completed and returned to the 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, and those Scouts' names will be put onto a waiting list, with no guarantee of attendance at Camp.** Individual registration forms will NOT be accepted at the Scout Service Center; they **MUST** go through your Pack Coordinator.