

# CUB SCOUT Registration Form

High Uintah District-Roosevelt Area

Cub Scout/Webelos Woods Day Camp

Scout's Name: \_\_\_\_\_

Scout's Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cub Scout Rank: \_\_\_\_\_

Camp Attending:             Cub Scout Day Camp             Webelos Woods

## T-Shirt:

• Youth Small    • Youth Medium    • Youth Large    • Adult Small    • Adult Medium

**Note:** Please wear the shirt to camp as this is the camp uniform and is mandatory for security purposes.

## Required Attachments:

- Health Form on back **MUST** be completed and signed.
- Cub Scout Code of Conduct below **MUST** be signed.

## Cub Scout Day Camp Code of Conduct

At Day Camp and/or Webelos Woods, I agree to abide by the rules and regulations governing the camp which include:

1. Obey your leaders at all times. Follow the instructions at each station.
2. Stay with your assigned group at all times.
3. Do not discriminate or harass leaders or campers.
4. No obscene, abusive, or lewd language gestures, or actions.
5. Use the buddy system at all times when you may not be with your group.
6. Do not leave camp without contacting your leader and the Camp Director to sign out.

## Cub Scout Responsibilities

- Have fun! Be happy and help others around you.
- Respect your leaders and other campers as individuals and treat them as such.
- Be on your best behavior at all times. Follow the Golden Rule.
- Do your best. Try the skills at every station.
- Be courteous. Good manners show that you care and are grateful.
- Be dependable. Be where you are supposed to be when you are supposed to be there.
- Live by the Cub Scout Promise and Law of the Pack. Like a good Cub Scout—always do your best.
- Do your part to keep camp clean.
- Be safe. Do not climb trees. Follow all precautions, safety measures and instructions.

**WITH A PARENT I have read, understand, and agree to the guidelines above.**

Cub Scout Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Cub Scout Health History – Day Camp Medical Form

For your safety, this form will be on file at camp at all times.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age (day of camp): \_\_\_\_\_

**In Case of Emergency, if parent/guardian cannot be reached please notify:**

Name Relation: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Health/Accident Insurance Co. and Policy #: \_\_\_\_\_

Primary Care Physician (Name and Number): \_\_\_\_\_

**Medical History:**

Are you now, or have you ever been treated for any of the following:

YES	NO	CONDITION	EXPLAIN
		Asthma	
		Diabetes	
		High Blood Pressure	
		Heart disease	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Psychiatric/psychological difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting Spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		GI problems(i.e. abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

**Allergies or Reaction to:**

Medication \_\_\_\_\_

Food, plants, insect \_\_\_\_\_

**Immunizations:**

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

YES	NO	DATE
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other(i.e., HIB) _____
<input type="checkbox"/>	Exemption to immunizations claimed.	

**Medications:** List all medications currently used. Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only. Be sure to bring any necessary medications in the appropriate containers, including inhalers and epiPens.

## Informed Consent and Hold Harmless/Release Agreement

I understand that participation in scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving me or my child, I understand every effort will be made to contact me and/or my emergency contacts. In the event these parties cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I give my approval to participate in High Uintah District-Roosevelt Area Cub Scout Day Camp and/or Webelos Woods and any applicable activities and skill stations.

- NO restrictions
- Special considerations or restrictions: \_\_\_\_\_

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

(If participant is under the age of 18)