

# STAFF LEADER Registration Form

High Uintah District-Roosevelt Area  
Cub Scout/Webelos Woods Day Camp

For Office Use Only
<input type="checkbox"/> CODE
<input type="checkbox"/> HEALTH
<input type="checkbox"/> RESTRICTIONS

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Staff Station or Position: \_\_\_\_\_

Camp(s) Attending:     Cub Scout Day Camp                       Webelos Woods

### T-Shirt:

• Adult Small    • Adult Medium    • Adult Large    • Adult XL    • Adult XXL    • Adult XXXL

**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.    • Staff Leader code of conduct below **MUST** be signed.

## Staff Leader Day Camp Code of Conduct

As a staff member or leader for the Cub Scout day camp and/or Webelos Woods, I agree to abide by the rules and regulations governing the camp as set forth by the BSA that **prohibit**:

- |  |   |
|--|---|
| 7. <del>Smoking in Camp.</del>   | 10. <del>Using obscene, abusive, or lewd language, gestures, or actions.</del>          |
| 8. Possession or being under the influence of any controlled substance or alcohol. | 11. One on one contact with youth. BSA two deep leadership guidelines must be observed. |
| 9. Harassment or Discrimination of any kind.                                       | 12. Physically striking a camper or leader.   |

### Responsibilities to the Boys

*"The first interest of every staff member and leader is THE BOY. The camp exists and operates for him."*

- Respect boys' rights as individuals and treat them as such.
- See that boys find the excitement, fun, and adventure they expected when they came to camp.
- Provide enthusiasm, encouragement, and praise for the boys' efforts and achievements.
- Develop among the boys a feeling of togetherness and team spirit that gives them security and pride.
- Be on your best behavior at all times. Act like an adult. Follow the Golden Rule.
- Be courteous. Good manners show that you care.
- Be dependable. Keep your word. Let the boys know that they can count on you to do what you say.
- Live by the Cub Scout Promise and Law of the Pack. Like a good Cub Scout—always do your best.
- Keep scouts safe. Follow all precautions and safety measures as outlined in *Guide to Safe Scouting*.

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

Staff Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

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

(if leader. Den chief is under the age of 18)

*Volunteers are seldom paid; not because they are worthless, but because they are PRICELESS!*

PACK #
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# Staff Leader Health History-Camp Medical Form

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

For Office Use Only	
<input type="checkbox"/>	BSA REGISTERED
<input type="checkbox"/>	HEALTH
<input type="checkbox"/>	CODE
<input type="checkbox"/>	RESTRICTIONS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## In Case of Emergency, whom should we contact:

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	

**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.

\_\_\_\_\_

\_\_\_\_\_

## 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"/>	<input type="checkbox"/>	Exemption to immunizations claimed.

# 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 the applicable activities and skill stations for Cub Scout Day Camp and/or Webelos Woods.

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

Staff member signature \_\_\_\_\_ Date \_\_\_\_\_

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

(if staff member is under the age of 18)