

**MOM & ME
LAD & DAD**

CAMP REGISTRATION FORM 2005-2006

CUB SCOUT INFORMATION: (Please complete this information for your son, use one form for each Scout)

Cub Scout _____ Date of Birth _____ Age _____ Den _____ Pack _____
Address _____ City _____ Zip _____
Home Telephone _____ Parent Work Phone Number _____
E-Mail Address _____
In Case of Emergency Contact _____ Telephone Number _____
Parent's Names _____ Address if different _____

MOM & ME/LAD & DAD CAMP FEE: (Please check **one** box, make check payable to Pacific Harbors Council, BSA)

- Enclosed is \$40.00 to enroll my son and I in the Mom & Me/Lad & Dad Camp.
Parent attending camp will be _____.
- Enclosed is \$60.00 for Mom/Dad and two sons for the Mom & Me/Lad & Dad Camp.
Parent attending camp will be _____.
- Enclosed is \$40.00 to enroll my son in the Mom & Me/Lad & Dad Camp.
His adult partner will be _____ from Pack _____.
- Our family has earned the FOS discount and I am taking 10% off of my
Mom & Me/Lad & Dad Camp Fee. Total Fees Deducted _____.

I WOULD LIKE TO ATTEND THE FOLLOWING MOM & ME/LAD N DAD CAMP SESSION
Please indicate your choice for camp dates.
You can assume you are registered for your choice unless you are contacted.

_____ Sept. 30-Oct. 1, 2005 Mom & Me	_____ March 3-4, 2006 Lad N Dad
_____ November 4-5, 2005 Lad N Dad	_____ April 7-8, 2006 Mom & Me
	_____ May Dates TBA Mom & Me

Present Cub Scout Rank: _____ Tiger _____ Wolf _____ Bear _____ Webelos I _____ Webelos
(Tiger Scouts may attend the spring camps only!)

Adults Attending Camp
Please indicate here if you are medically trained with Advanced First Aid, CPR, EMT, Nurse, Doctor, etc.
Your Name _____
What Level of Training _____
Can we call upon you if the need arises while at camp? _____

1. Make sure you have completely filled out this form. Don't forget to include the adult's name who is attending camp with the cub scout. These camps have a one boy to one adult ratio.
2. Completely fill out the health form for your cub scout and the adult attending camp.
3. Mail these forms to: Pacific Harbors Council, BSA, 4802 S. 19th Street, Tacoma, WA 98405
4. You may also take them into your local council service center.
5. Check in begins at 7:00 PM Friday night.. We are looking forward to seeing you at Camp Thunderbird!

ADULT AND SCOUT HEALTH HISTORY FORM
(PLEASE SUBMIT WITH MOM & ME/LAD N DAD APPLICATION FORM.)

Cub Scout's Name _____ Pack _____

Class 1 Personal Health History for Cub/Webelos Scouts Attending Mom & Me/Dad N Lad Camps

Please Print – Completion is Mandatory

Check all items that apply, past or present, in your son's health history. Explain "yes" to any answers.

Allergies: Food, medicines, insects, plants, latex, etc. NO ___ YES ___ Explain: _____

General Information: Check all items that apply below.

Asthma _____ Convulsions/seizures _____ Heart trouble _____ Cancer/Leukemia _____ Diabetes _____
Hemophilia _____ High Blood Pressure _____ ADD/ADHD _____ Kidney Disease _____

List any prescriptions/medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc. _____

Immunizations: (Give date of last inoculation):

Tetanus Toxoid _____ Pertussis _____ Mumps _____ Polio _____
Diphtheria _____ Measles _____ Rubella _____

Name of Personal Physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy Number _____

Parent Authorization:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signature of Parent or Guardian _____ **Date** _____

Adult's Name _____ Pack _____

Class 1 Personal Health History for Adults Attending Mom & Me/Lad N Dad Camps

Please Print – Completion is Mandatory

Check all items that apply, past or present, in your son's health history. Explain "yes" to any answers.

Allergies: Food, medicines, insects, plants, latex, etc. NO ___ YES ___ Explain: _____

General Information: Check all items that apply below.

Asthma _____ Convulsions/seizures _____ Heart trouble _____ Cancer/Leukemia _____ Diabetes _____
Hemophilia _____ High Blood Pressure _____ ADD/ADHD _____ Kidney Disease _____

List any prescriptions/medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc. _____

Immunizations: (Give date of last inoculation):

Tetanus Toxoid _____ Pertussis _____ Mumps _____ Polio _____
Diphtheria _____ Measles _____ Rubella _____

Name of Personal Physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy Number _____

Authorization:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signature of Adult Participant _____ **Date** _____