

Gemstone District Day Camp

June 12th - 16th .2017

Youth Application/Health Form

Cost \$75.00 (an additional late fee of \$25.00 if received after May 15)

!!! NO APPLICATIONS ACCEPTED AFTER June 3rd

Read this form carefully!

A boy will **not** be permitted to participate in the Day Camp unless this form is completely filled out and the parent or guardian gives written approval by signing below. Mail this form, along with a check made payable to **Piedmont Council, BSA**, to: **Cindy Bell P.O. Box 94 Mt. Mourne, NC 28123**

Please print:

Name _____
DOB _____ Current Grade _____ Pack # _____ Rank at time of camp _____
Address _____ (Wolf, Bear or Webelos)
City _____ State _____ Zip: _____
Phone (H) _____ (W) _____ (C) _____
E-Mail, please print _____

Health History:

Family physician _____ Phone _____
Have or is subject to: (check if yes)
_____ Asthma _____ Carries inhaler _____ Heart Trouble _____ Sports Restriction
_____ Diabetes _____ Convulsions _____ Fainting Spells
_____ Allergic Reaction (please specify) _____ Carries Epi-pen _____
_____ Other - describe in detail _____
Has Cub Scout had a recent DPT injection? _____ When? _____
Health Insurance Info: Company _____ Policy# _____

Other Instructions:

Person authorized to pick up child _____

In case of emergency notify:

Name _____ Relationship _____
Phone (H) _____ (W) _____ (C) _____

Parent Authorization:

This Health History is correct so far as I know, and the person (Cub Scout) herein described has permission to engage in all prescribed activities, except as noted by me in Other Instructions above. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, and/or to order injection for my son.

Signature _____
Parent or Guardian _____ Date _____ Home Phone _____ Work Phone _____

If your schedule permits, and you would like to work, check here: Yes _____ No _____

Youth-M _____ Youth-L _____ A-S _____ A-M _____ A-L _____ A-XL _____ A-2X - _____

You **will not** be able to pre-order additional shirts so PLEASE do not send any extra money; there will be extra T-shirts available at camp registration days on a first come first served basis. For T-shirt questions contact Melba Ritchie 704-878-0628

Your Son needs to bring a **BACK PACK** each day to carry to each session for his items he will collect each day and carry his bottle of water in. He needs to bring a bottle of water each day.