

# 2008 CUB SCOUT DAY/TWILIGHT CAMP ADULT STAFF REGISTRATION

NORTHEAST GEORGIA COUNCIL, BOY SCOUTS OF AMERICA, P.O. BOX 399, JEFFERSON, GA 30549 OR  
NORTHEAST GEORGIA COUNCIL, BOY SCOUTS OF AMERICA, 203 SWANSON DRIVE, LAWRENCEVILLE, GA 30043

PLEASE PRINT

I am Volunteering for Cub Scout Camp # \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_

Name \_\_\_\_\_ Email address: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Pack # \_\_\_\_\_ District \_\_\_\_\_ Troop # \_\_\_\_\_ Crew # \_\_\_\_\_

Phone (Home)(\_\_\_\_\_) \_\_\_\_\_ (Cell)(\_\_\_\_\_) \_\_\_\_\_ (Work)(\_\_\_\_\_) \_\_\_\_\_

Are you over 21? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you under 18? Yes \_\_\_\_\_ NO \_\_\_\_\_

Are you currently registered with the BSA as an Adult Leader? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, are you currently a Leader with (Circle all that apply):

Tigers \_\_\_\_\_ Wolves \_\_\_\_\_ Bears \_\_\_\_\_ Webelos I \_\_\_\_\_ Webelos II \_\_\_\_\_ Boy Scouts \_\_\_\_\_ Venturers \_\_\_\_\_

If NO, are you currently an active parent/volunteer with a local pack? Yes \_\_\_\_\_ No \_\_\_\_\_

I have skills in the following areas: (Circle All that apply)

Arts & Crafts \_\_\_\_\_ Music \_\_\_\_\_ Nature \_\_\_\_\_ Sports \_\_\_\_\_ Woodwork \_\_\_\_\_ Younger Children \_\_\_\_\_

I would like to serve as: Wolf Chaperone \_\_\_\_\_ Bear Chaperone \_\_\_\_\_ Webelos Chaperone \_\_\_\_\_

Assistant where needed \_\_\_\_\_ Other \_\_\_\_\_

I am CPR certified \_\_\_\_\_ Expiration Date \_\_\_\_\_ Bring your card with you to camp

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

I want my Scout with me at Camp \_\_\_\_\_ It is not necessary that my Scout be with me at camp \_\_\_\_\_

Names/Ages of non-Scout children attending: \_\_\_\_\_

Your T-shirt size (check one): S  M  L  XL  XXL  XXXL

(Staff members who attend staff training and work the entire week receive a camp T-shirt at no charge)

Extra t-shirts are \$8.00 each XXL and XXXL are \$10.00

Amount Enclosed for Extra Staff Shirts \$ \_\_\_\_\_ Circle one: **Check** (payable to Northeast Georgia Council, BSA) or



Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

The Northeast Georgia Council and/or the Camp Director reserve the right to dismiss any youth or adult who create discipline concerns or violate camp or BSA standards.

**HEALTH INFORMATION: STAFF MEMBER MUST COMPLETE & SIGN BEFORE CAMP ATTENDANCE IS POSSIBLE**

**HEALTH HISTORY** - This Health Information will only be shared with the Health Professional at camp and the Camp Director.

List allergies like bee stings, drugs, foods, ragweed, etc. Do you have diabetes, asthma, heart trouble, high blood pressure, seizures, mental or physical disabilities? List all that apply:

Currently on Medication? NO \_\_\_\_\_ YES \_\_\_\_\_ Name of Medication \_\_\_\_\_

Medication Prescribed for: \_\_\_\_\_

**EMERGENCY INFORMATION:** Please list the names of two people who can be called in an emergency:

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

**CERTIFICATION:** The health information provided regarding me is correct as far as I know. In the event that I cannot act on my own behalf due to an emergency, I give my permission to a physician selected by the adult in charge to treat, hospitalize, secure anesthesia, to order injection, or provide surgery for me.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_