

GOLDEN ARROW DISTRICT CUB SCOUT TWILIGHT CAMP DEN CHIEF REGISTRATION FORM

Name:		
Street Address	City	Zip (+4)
Home Phone	Daytime Phone	Cell Number
Parent/Guardian Name	Email	@ .
Pack	How many years have helped at Twilight Camp?	

A. Are you a Registered Scouter? Yes No

If so, please provide a copy of your BSA Registration with this form

IN ORDER TO BE IN COMPLIANCE WITH THE TEXAS YOUTH CAMP SAFETY ACT, ALL ADULT VOLUNTEERS WILL BE SUBJECT TO A CRIMINAL BACKGROUND CHECK.

B. TRAINING: Please provide a copy of any, or all of the following current certifications:

1. Red Cross Certification Yes No
2. CPR Certifications Yes No
3. Youth Protection Video Yes No Required before camp.

C. Camp Dates: **Leaders must be in attendance ALL DAY, EVERYDAY.**

Week 1: June 4 -8, 2007, 5:30 pm – 9:00 pm Week 2: June 11 – 15, 2007, 5:30 pm – 9:00 pm

D. T-Shirt Size: Please check appropriate size. This will be your camp uniform, and it must be worn **EVERY** night. When ordering your t-shirt, keep in mind that the t-shirts do shrink and tend to run small. Additional shirts are \$10.00 each.

Adult Small (34-36) Adult Large (42-44) Adult XX Large Adult XXX Large
 Adult Medium (38-40) Adult X-Large Extra Shirt (same size, \$10.00)

E. All Dens will be formed by the Camp Registration Staff. Volunteers will be placed where needed. That may not necessarily be with the scouts that you volunteered with. However, whenever possible, the staff will try to honor the request. Please list the **ONE** scout with whom you would like to be placed with: and rank: Cub **or** Webelos

F. Please complete this form, Youth Health Form, and Sex Offender Database Check (instructions are included in the letter to volunteers), and view "A Time to Tell" video and submit the completed registration package well before the registration deadline. Registration forms will be accepted at the monthly Roundtables, or by mail to: Twilight Camp Registrar, Joan Englander, 9334 Portal Dr., Houston, TX 77031-2211, well before the registration end date of April 30, 2007. SPACE IS LIMITED, SO REGISTER EARLY.

G. Registration Ends on April 30, 2007. Families must have all forms & fees turned in no later than April 30, 2007. Registration will be accepted on a first come, first served basis, beginning January 1, 2007.

H. NO REFUNDS WILL BE GIVEN.

CONSENT TO PHOTOGRAPH, OR RECORD ELECTRONICALLY*(required)*

As a Volunteer, I understand and agree that my child may be photographed and/or videotaped for promotional purposes only. My child's name, or any personal information, will not appear with any video or photographic reproduction. I further understand that the pictures belong to the GAD Twilight Camp, and I/we will not receive payment, or any other compensation in connection with these pictures.

Parents Signature: _____

Questions? Contact: James Ragan, Twilight Camp Director: Commish_gadtc@yahoo.com, or (281) 499-6811
 Diane Ragan, Twilight Program Director: Radiant_gadtc@yahoo.com, or (281) 499-6811
 Joan Englander, Twilight Camp Registrar: researcher_gadtc@yahoo.com, or (713) 981-7215

YOUTH HEALTH HISTORY

(please complete the entire form)

Name: _____ Age: _____

Physician: _____ Number: _____

In case of an emergency, call these people in this order.

1. _____ Phone No. _____ Relation _____
2. _____ Phone No. _____ Relation _____
3. _____ Phone No. _____ Relation _____

Problems with (check any that apply):

- Asthma Fainting spells Convulsions Heart trouble Diabetes Seizures
 Bleeding Disorders Allergy to any medication, food, plants, animals, or insect toxins
 Any condition that may require special care, medication, or diet

If you checked yes to any of the above, please explain: _____

Have difficulty with (check any that apply): Eyes, ear, nose, or throat Digestion Lungs

Any restrictions of activity for medical reasons? Yes No

If yes, please explain: _____

Immunizations: PLEASE NOTE: The Texas Department of Health requires an actual DATE be recorded in the spaces below. ("Current", will no longer be accepted)

	Date of last inoculation	Date of last inoculation	Date of last inoculation
Diphtheria	_____	Measles _____	Polio _____
Pertussis	_____	Mumps _____	Hib _____
Tetanus	_____	Rubella _____	Hepatitis B _____

Allergy or reaction to any of the follow:

- Medication: Yes No Explain: _____
Bee stings, insect bites, or plants: Yes No Explain: _____
Food: Yes No Explain: _____
Other: Yes No Explain: _____

Any condition requiring medication? Yes No

Name of Medication(s): _____

Will it be necessary to administer this medication while at Twilight Camp? Yes No

If yes, please explain: _____

Is your child on, or has he recently been on the medication Ritalin, or other medications for ADD or ADHD? Yes No

Is he taking a summer break from this medication? Yes No

CONSENT TO TREAT(required)

The health history above 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 the above names cannot be reached in an emergency, I hereby give permission to the physician selected by the Twilight Camp Director to secure proper treatment, including, but not limited to hospitalization, anesthesia, surgery, or injections of medication for my child.

Signature: _____ Date: _____ Relation: _____