

Tomahawk District – Youth Volunteer Registration 2006

(EACH YOUTH MUST FILL OUT A SEPARATE FORM
Must be 14 by June 20, 2006)

June 20-23 (2:30 P.M. to 8:30 P.M.) - Fort Bend County Fairgrounds

Fee is \$5.00 per person

“NO REFUNDS”

Name _____ Birthdate _____ Pack / Troop # _____

Parent's Name _____ e-mail: _____

Address _____ City _____ Zip _____

Home Phone _____ Age: _____

What rank and grade will you be when school starts in August, 2006? _____

Number of years at Day Camp, including 2006? _____

1. I will be at camp the following days:

Tues. Wed. Thurs. Fri.

2. The registration Staff **will place volunteers where needed.**

3. All MUST attend training/orientation on June 19th.

4. Please call Sharon Psencik at (281) 277-3458 if you have any questions.

Each scout will be provided with a T-shirt that **MUST** be worn each day. Please indicate size:

Adult Small (34-36) Adult Medium (38-40)

Adult Large (42-44) Adult Xlarge (46-48)

I, _____, by payment of the required fee, give my permission for _____ to attend Tomahawk District Day Camp. I certify that the health information submitted is correct to the best of my knowledge. I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs/film/video/electronic representations and/or recordings made of myself and/or my child this date by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication. I further authorize the reproduction, sale copy-right, exhibit, broadcast, electronic storage and/or sound recordings without limitation at the discretion of the Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing. Names and/or individualized identification shall be unintentional.

Signed (Parent or Guardian): _____ Date: _____

See back for Youth Health History

YOUTH HEALTH HISTORY

(please complete entire form)

Name: _____ Age: _____

Physician: _____ Phone: _____

In case of an emergency call these people in this order:

1. _____ Phone _____ Relation _____
2. _____ Phone _____ Relation _____
3. _____ Phone _____ Relation _____

Problems with (check if yes):

- Asthma Fainting spells Convulsions Heart Trouble
 Diabetes Seizures Bleeding Disorders
 Allergy to medication, food, plant, animal, or insect
 Any condition that may require special care, toxin, medication, diet

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

Have difficulty with (check if yes): Eyes, ears, nose, throat Digestion Lungs

Any restrictions of activities for medical reasons? Yes No

If Yes, Explain: _____

Immunizations: PLEASE NOTE: The Texas Department of Health requires an actual DATE be recorded in the spaces below! ("Current" will not be accepted)

	Date of last Inoculation		Date of last Inoculation		Date of last Inoculation
Tetanus Toxoid	_____	Measles	_____	Polio	_____
Diphtheria	_____	Mumps	_____	Hepatitis B	_____
Pertussis	_____	Rubella	_____		

May Camp Staff apply Mosquito Repellent? Yes No Sunscreen/Sun block Yes No

Is your child allergic to any Repellent or Sunscreen/Sun block? Yes No

If YES, will you provide your own for the child in a marked bottle? Yes No

Allergy or reaction to:

Medication: Yes No If Yes explain: _____

Bee stings, insect bites or plants: Yes No If Yes explain: _____

Food: Yes No If Yes explain: _____

Other: Yes No If Yes explain: _____

Any condition requiring medication? Yes No

If Yes, Name of Medication: _____

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

If Yes, Explain: _____

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

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

All medication must be given to the first aid personnel upon arrival at camp and must be in original container. Dispensing medication requires medical authorization form.

CONSENT TO TREAT

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 Day Camp Director to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Signature: _____ Date: _____