

Mobile Area Council

5 Rivers Cub Scout Day Camp 2024



INDIVIDUAL CUB SCOUT REGISTRATION FORM

(Completely fill out this form and medical form. Campership request must be turned in before or at time of registration)

Location of Day Camp: CampChandler-Tonsmeire. 2701 Shelton Beach Rd Ext. Mobile, AL 36618

Scout First Name: _____ Last Name: _____

Address: _____

Phone: _____ Pack #: _____ District: _____

Birthdate: ___/___/___ Adult Email _____

Rank as of Day Camp Start -2024-25 School Year: (Circle One): Tiger Wolf Bear Webelos 1 Webelos 2

T-Shirt Size (one included with early registration): (Circle One) YS YM YL AS AM AL

Parent/Guardian Name: _____

Main Phone Number: (____) _____ Work Phone Number: (____) _____

FEE SCHEDULE

Early Bird Camper (By May 3th) Regular	\$ 1 .00
Fee Camper (by May 20, 2024) Discount	\$1 .00
Camper with 4 Day Volunteer	\$75.00
BSA Registration if not registered Scout	\$160.00
Staff Tot Lot (must be Fully potty trained)	\$25.00 (applies to 5-day staff only)
"	50 \$25 /\$25

*All forms and payment must be received in Council Service Center office by 5pm on date of deadline.

Camp Registration Fee (see schedule above) \$ _____

Extra T-Shirts (\$20.00 each) YS: __ YM: __ YL: __ AS: __ AM: __ AL: __ \$ _____

NOTE: Extra shirts must be pre-ordered by May 18th; each camper will receive one free shirt with registration

(Registration and extra shirts = total payment) TOTAL PAYMENT \$ _____

Register online @ <https://scoutingevent.com/004-83746> or Complete form and submit to
Mary Phillips Or email: @scouting.org
any questions email Genese & Allie: fiveriverscubscoutdaycamp@gmail.com

All fees are Non-Refundable

Office Use: 6801-503-20

Received Date _____ Entered Date _____ Campership _____ T-shirt received _____

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SCOUT'S PERSONAL HEALTH AND MEDICAL HISTORY

Scout Name: _____ Parent/Guardian: _____

Address: _____ City/State/Zip: _____

Home / Work / Cell Phone #: _____ / _____ / _____

If person named above cannot be reached in the event of an emergency, notify:

Name: _____ Relationship: _____ Phone: _____

Health/Accident Insurance Carrier: _____ Policy #: _____

Personal Physician: _____ Phone: _____

SCOUT'S MEDICAL HISTORY:

Circle all items that apply, past or present to Scout's history. Explain.

Asthma	Diabetes	Bone/Joint	Breathing	Vision
Cancer	Nose Bleeds	Kidney Disease	Hearing	Seizures
ADD/ADHD	Blood Disorders	Headaches	Dizziness	Heart

Explain: _____

ALLERGIES to: Foods Medicines Insects Environmental

Explain: _____

List **ANY** medications currently taking: _____

List **ANY** medications to be taken at Day Camp: _____

If a scout needs to take any medicine at camp, a signed note from a parent/guardian is REQUIRED on the 1st day of camp. IF A SCOUT TAKES MEDICATION FOR ADD/ADHD REGULARLY AT SCHOOL, PLEASE MAKE SURE SCOUT CONTINUES MEDICATION FOR DAY CAMP. **ALL PRESCRIPTION MEDICATION MUST BE IN THE ORIGINAL BOTTLE WITH INSTRUCTIONS.** Only one dose of medication should be in the prescription bottle each day.

All Scouts need a completed BSA Medical form Parts A&B, a range permission slip, and an Early Dismissal From Camp form completed and turned in prior to the start of camp.

MEDIA RELEASE: Print, radio or television media may take pictures or interview your child at Day Camp. By signing below, you agree to let your child participate with the media. If you do not wish your child to take part in print, audio, or video interviews or pictures, please place an "X" across this paragraph. Your child will be refrained from participating in media activities.

Parent Signature: _____

In case of emergency, I understand every effort will be made to call the parent / guardian or emergency contact. In the event no one can be reached, I hereby give my permission to the physician, selected by the adult leader in charge, to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for the child named on this form.

Parent Signature: _____

Tylenol / Motrin / Aleve (circle choice) Can / Cannot be administered to my son.

SPF 30 Sunscreen (circle choice) Can / Cannot be administered to my child.

Bug Spray (circle Choice) Can / Cannot be administered to my child

Parent Signature: _____ Date: _____