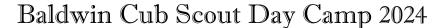
Mobile Area Council





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: Camp Silvercreek. 16914 County Road 52, Silverhill, AL 36576

Scout First Name: _____Last Name: _____ Address:____ 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 17th) Regular \$ 1 .00 Fee Camper (by May 31, 2024) Discount \$14 .00 Camper with 5 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) *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 call Elisha Budlong 205-305-4650 of Jessica Kudulis 251-533-1244 All fees are Non-Refundable Office Use: 6801-503-20 Received Date ______ Entered Date _____ Campership _____ T-shirt received _____

Mobile Area Council

Baldwin Cub Scout Day Camp 2024



SCOUT'S PERSONAL HEALTH AND MEDICAL HISTORY

Scout Name	e:		Pare	ent/Guardian:			
Address:				City/Sta	te/Zip:		
Home / Work	/ Cell Phone #:						
If person name	d above cannot be re	eached in the event of	an emergency,	notify:			
Name:			Relationsh	ip:		Phone:	
Health/Accident Insurance Carrier:					Policy #:	·	
Personal Physician:				Phone:			
SCOUT'S MED	DICAL HISTORY:						
Circle all items	s that apply, past o	r present to Scout's	history. Expla	in.			
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 Ins	ects E	nvironmental			
Explain:							
List ANY medi	ications currently to	aking:					
List ANY medi	ications to be taker	at Day Camp:					
ADD/ADHD REG	GULARLY AT SCHOOL,		OUT CONTINUE	S MEDICATION FO	R DAY CAMP.	t day of camp. IF A SCOUT TAKES MEDICATION FOR ALL PRESCRIPTION MEDICATION MUST BE IN THE each day.	
All Scouts need start of camp.	l a completed BSA Mo	edical form Parts A&B,	a range permis	sion slip, and an E	arly Dismissal	From Camp form completed and turned in prior to the	
the media. If yo		hild to take part in prin		-		y signing below, you agree to let your child participate with place an "X" across this paragraph. Your child will be	
Parent Signatur	e:						
my permission t		cted by the adult leade				ntact. In the event no one can be reached, I hereby give ng hospitalization, anesthesia, surgery, or injections of	
Parent Signatur	e:						
Tylenol / Mot	rin / Aleve (circle c	hoice) Can / Canno	ot be administ	ered to my son.			
SPF 30 Sunscr	een (circle choice)	Can / Cannot be ad	ministered to	my child.			
Bug Spray (cir	rcle Choice) Can /	Cannot be administe	ered to my chi	ld			

Date: ____

Parent Signature: ___