



ADULT

Volunteer Registration and Health Form
(Reproduce form as needed)

Name: _____ Phone #: _____

Address: _____

City/State: _____ Zip: _____ Pack #: _____

Are you currently a registered BSA volunteer? Yes No If yes, in what position?

If NO: BSA Volunteer Registration form is required.

Have you volunteered at Cub Camp before? Yes No If yes, in what position/ # of years?

Driver's License # _____ Are you a U.S. Citizen? Yes No

In case of Emergency, Notify:

Name: _____ Phone #: _____ Alternate Phone #: _____

Address: _____

Insurance Company: _____ Policy Holder: _____ Policy Number: _____

Family Physician: _____ Phone #: _____

Health History:

Have or are subject to: Asthma Heart Problems Convulsions Fainting Allergies
 Diabetes

Sports Restrictions: _____

Other: _____

Do you have ANY food Allergies? Yes No

Please Explain: _____

Has difficulty with: Eyes Ears Nose Throat Lungs Digestion Other: _____

Any Conditions currently taking medications for: _____

If yes, will medication be with camper? _____ Name of medication: _____

Name of prescribing Physician? _____ Phone #: _____

This health history is correct so far as I know and the person herein described has permission to engage in all activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, and to order injections. I authorize the camp medical insurance carrier to make necessary payments directly to physician or hospitals for such treatment.

Signature _____ Date _____

ALL STAFF WILL BE REQUIRED TO WEAR THE CAMP T-SHIRT or CLASS A SHIRT

Child care will be provided for non-Cub children (3 years and older) of registered staff members only. Registration fees for non-Cub children are \$15.00 which is payable at the time of adult volunteer registration. Please fill out Cub Scout registration form indicating Wee Camper.