

**ADULT AND VOLUNTEER REGISTRATION FORM
NORTHWEST DISTRICT CUB SCOUT DAY CAMP
GRIZZLY BASE, MONTANA**

Pack or Troop #

Name:

Home Phone:

Cell:

Work:

Address:

City:

State:

Zip:

E-mail:

Adult T-Shirt size (circle one)

S M L XL
(\$10.00)

XXL XXXL XXXXL
(\$13.00)

All T-Shirt orders must be returned no later than May 7th, 2009!

Emergency Contact:
Phone:

Are you BALOO trained? Date Certified:
Every Pack must have at least one BALOO trained leader in attendance.

Are you CPR trained: First Aid? EMT? Wilderness First Responder?

Please make checks payable to **Montana Council, BSA**

Please send all forms and payments to:

Michelle Albin, Camp Director
1550 Monte Vista Dr.
Columbia Falls, MT 59912
(406) 314-0518

Other Contacts:
Dennis Johnson, Camp Administrator – (406) 885-2292
Ginger Wicks, Program Director – (406) 250-7421

DO NOT SEND REGISTRATIONS TO COUNCIL!

How can you help? (Check one) Station Manager's who volunteer to help for at least two days will receive a free t-shirt.

Station Manager – Cub Day Camp – List station _____
 Station Manager – Webelos Camp – List station _____

Den Leader – Cub Day Camp (shirt will not be provided)
 Den Leader – Webelos Camp (shirt will not be provided)
 Parent Helper – Cub Day Camp (shirt will not be provided)
 Parent Helper – Webelos Camp (shirt will not be provided)

Please fill out the medical form on the back in detail. Any adult over 40 year of age must also provide a Class 3 Medical Form. These can be found at www.montanabsa.com. Only the Medic will have access for medical forms.

BSA CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(Completed annually by all participants)

To be filled out by parent, guardian, or adult participant. Please print in blue ink.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

If person above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Health/accident insurance carrier _____ Policy # _____

Check items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants: Yes () No () Explain: _____

GENERAL INFORMATION:	Yes	No	Yes	No	Yes	No		
Asthma	()	()	Diabetes	()	()	High blood pressure	()	()
Cancer/leukemia	()	()	Heart trouble	()	()	Kidney disease	()	()
Convulsions/seizures	()	()	Hemophilia	()	()			

Explain: _____

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in camp activities: _____

List equipment needed such as wheelchair, contacts, etc.: _____

IMMUNIZATIONS: (give date of LAST inoculation or booster)

Tetanus Toxoid _____	Measles _____	Polio _____
Diphtheria _____	Mumps _____	Rubella _____
Pertussis _____	Hepatitis B _____	

In case of Emergency, I understand every effort will be made to contact me (or my spouse, or next of kin, if the participant is an adult). In the event I cannot 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 medication for my child (or for me, if the participant is an adult).

Date _____ Signature of parent/guardian or adult _____