Lincolnway District Day Camp Medical Release Form

In Case of Emergency Notify:

Name	_ Phone	Relationship		
Family Physician	Pho	one Number		
Health History: (Check, if Yes) AsthmaFaintingSport restrictionsNos	se Bleeds	Diabetes Hear Trouble Allergies		
Convulsions/Seizures Explain ANY of the above, or add others				
Have difficulty with: Eyes Ears Nose T	Throat Lu	ngs Digestion		
Have Had: Measles Mumps Chicken Pox Whooping Cough				
Any existing condition requiring medication? Yes or No				
f yes, name of medicationDosage				
Is his/her medication with him/her?YesNo If not, who has it?				
Are all Immunizations current:YesNo Date of last Tetanus shot				
Any restriction of activities for medical reasons?Yes No If yes, explain:				

CAMPER RELEASE AUTHORIZATION

Only the person(s) dropping off your son(s) at the Day Camp Site in the morning will be allowed to pick them up at the end of the Day Camp daily activities (Wed./Thurs. 3:00 PM & Fri. 4:00 PM) Each morning the adult dropping off will be giving a printed form. That adult will need to PRINT the scouts name(s) on that form before the pickup time. At pickup time, the driver will give that slip to our staff in the parking lot and they will pass that information on to the staff at the staging area. The staff on the stage will then inform your rider(s) that their driver is ready to pick them up . This is a child safety regulation.

MEDICAL AUTHORIZATION: All medications must be kept at the First Aid Station and the Scout must pick it up from the Camp Nurse at the required time and take it himself. Other Day Camp Staff cannot dispense medicine.

PARENT AUTHORIZATION: The person herein described has permission to engage in all activities, except as noted above. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son.

TALENT RELEASE: I hereby assign and grant to Anthony Wayne Area Council, Boy Scouts of America, and its representatives, permission to use/publish any type of photograph/video picture(s), with or without sound, of my son(s) while he/they are participating in any event sponsored by said Council. I hereby release Anthony Wayne Area Council and its representatives from any and all liability from such use and publication, and authorize the reproduction, sale, copyright, exhibit, and broadcast of said presentations; and I specifically waive any right to compensation I may have for any of the foregoing.

Signature _____ Date _____

Individual Scout Registration for Day Camp For Lincolnway District Only June 15, 16, & 17 - 2022

Name:	Pack#	Grade completed	this May	
(Print only)		Δ.	~~	
		A	ge:	
Address:	City:	Zi	p:	
In case of emergency, parent/guardian can be	reached at this phone nu	umber: ()		
Email Address:				
February = 8 free punc	hes, March = 6 pur	more free snack bar iches, first half of April May Roundtable = 2	-	
The Camp Fee	e			
Registration Fee = \$ 40.00 \$	·	Bonus T-shirt order form and any additional shirts for campers and parents: Staff shirts are on another form.		
As a bonus, if " <u>paid on or before M</u> "Camper" will get one t-shirt and o				
<u>"No T-shirts"</u> after the First Wed	Inesday of May!	Size	Quantity	
JUNE 1 = Registration	<u>fee = \$50</u>	Youth Small		
Brothers - subtract \$5.00 from "	each" application	Youth Med.		
Extra T- Shirts \$10 each = \$ (2x = \$13 each) Note: the shirt & patch are a bonus, not part of Camp Fee.		Youth large		
		Adult Small		
		Adult Medium		
Make Checks Payable to:	AWAC	Adult Large		
Have Scout's <u>printed</u> name on th "Memo" section at bottom left ha		Adult XL		
Mail Application with che	eck to:	No Camper shirts above size XL		
Richard McCl 1743 E 400 S Warsaw, In.	5	<u>No-shows'' for</u> <u>T-shirt ar</u>		

Lincolnway Staff Volunteers need to use a Staff Sign-Up Form, which is separate for this form.

Lincolnway District Day Camp Website: www.cubdaycamp.com