

2020
"YOUTH STAFF" REGISTRATION FORM
LINCOLNWAY DISTRICT DAY CAMP
June 17, 18, 19

(Please print the following information)

Name _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____

Cell Phone # _____ Email address _____

You must be a registered Boy Scout, and have achieved the Rank of First Class.

Troop # _____

Have you worked at Lincolnway Day Camp before? YES NO

If yes, with which group: Wolf Bear Web. 1 AOL

If not with a group, where were you assigned? _____

Do you have CPR or other certifications? YES NO If Yes, Please bring your card.

As a youth staff member, I understand I must commit to all three days. I understand that I am agreeing to uphold the standards of the Boy Scouts of America and to follow the rules and directions of the Lincolnway Day Camp Director, Program Chairman and their staff.

Signature _____ **Date** _____

DAY CAMP T-SHIRT ORDER FORM

One shirt free for volunteering **all three days**.

To be assured of a shirt your registration must be received by May Roundtable.

Adult sizes (circle one): Small Medium Large XL

Complete both sides of the form

STAFF

Health Information

LINCOLNWAY DISTRICT DAY CAMP

In case of emergency notify (Please Print):

Name _____ Phone _____

Address _____

Other Instructions _____

Family Doctor _____ Phone Number _____

Health History: (Check if yes)

Asthma Fainting Spells Convulsions Diabetes Heart Trouble

Allergies or reactions to bee stings, food, medication, or any other

Explain any of the above or add others: _____

Have difficulty with: Eyes Ears Nose Throat Lungs

Digestion

Have any existing condition that requires medication? _____

Name of medication _____ Dosage _____

Have any restrictions of activities for medical reasons? _____ Explain _____

Medical Insurance Carrier: _____

ID # _____ Member Name _____

Benefit Code _____ Account # _____

AUTHORIZATION: I _____ hereby consent in the event of an emergency, I hereby give permission by the leader in charge, to hospitalize, secure proper anesthesia, or order injection or surgery for me or my son / daughter.

Signature _____ Date _____

Complete both sides of the form