

Cascade Pacific Council
2145 SW Naito Parkway
Portland, OR 97201

JUNIOR CAMPER APPLICATION CUB SCOUT DAY CAMP

Boy Scouts of America
Portland Office: (503) 226-3423
Vancouver Line: (360) 693-1741
Fax: (503) 225-5733
Salem: (503) 581-6601, x 201

email: info@cpcba.org

(One form per person/per session attending.)

For non-Scouts who are toilet trained and whose parent/guardian is present in camp. Additional requirements may need to be met at the outlying camps and we recommend you check with your camp's director for details.

Circle the days attending and the name of the camp you are attending: M T W T F
Calapooia Chinook Discovery Eagle Valley Fort Clatsop Ireland Lewis Mid-Columbia Tillamook Willamette
Date of the camp session: _____ Pack Reservation #: _____

Pack # _____ District _____ Council _____

Youth Information: Circle gender: Male Female

In Camp Parent / Guardian Information:

Name: _____ Name: _____
Address: _____ Address: _____
City/State/Zip: _____ City/State/Zip: _____
Phone: () _____ Date of Birth ____/____/____ Phone: Day () _____ Eve. () _____

Medical History:

Allergy to any medication, food, plant, animal, or insect toxin? If so please list: _____

Have difficulty with or subject to (check if "yes")

- Eyes, nose, ears, throat Digestion Lungs Asthma Fainting spells Convulsions
- Heart trouble Bleeding Disorders Sleep walking Bed wetting

Explain any condition requiring special care, medication, or diet (include name of medication) _____

Any restrictions for medical reasons? Explain _____

Immunizations: (Check if current) Pertussis Polio Tetanus Toxoid Mumps Measles Diphtheria Rubella

Parents: *I will be at camp and give permission for any photos taken during camp to be used by the council. The health history is correct so far as I know. 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, or to order injections for my child.*

Parent/Guardian signature: _____ Date: _____

==== Insurance is required for all those attending camp. Indicate your Medical Accident Insurance plan below. ====

Personal Insurance Company (not agent) _____ Policy Number _____

Insurance data must be received prior to camp, or short term insurance will be billed upon arrival. Bring a current health insurance card to camp.

Rules for acceptance and participation in the program are the same for everyone without regard to race, color, or national origin.

(Circle One) Visa, MasterCard, # _____
Discover or American Express _____

Cardholder Signature _____ Exp. Date _____

Cost varies by camp.
Contact camp director for amounts.
Reduced fee available for youth attending for the full week.