

☐ Bear

☐ Webelos

ADULT / STAFF 2008 ADULT DAY CAMP APPLICATION

ADULT / STAFF

Ouestions?Concerns? Additional Info: (502)361-2624

PLEASE FILL OUT COMPLETELYONE APPLICATION PER ADULT/STAFF** ** PLEASE PRINT** PACK #:_____ DISTRICT:_____ AGE:____ BIRTHDATE:_____ HOME PHONE: Daytime Phone/Cell Phone:______ EMAIL:_____ CITY: STATE: ZIP: ADDRESS: **IN CASE OF EMERGENCY** Notify: Notify: Daytime Phone: Daytime Phone: CAMP DATES AND LOCATIONS This **HEALTH HISTORY** is required for admittance to camp. Persons trained in First Aid will be on duty at camp to give PLEASE CHECK YOUR CAMP CHOICE: assistance. Secondary medical insurance is included in the fee. ☐ June 9-13 Cherokee: Fern Creek Sportsman's Club, 8:30-4:30 **HEALTH HISTORY** ☐ June 9-13 Arapaho: Camp Carlson, Fort Knox 8:00 - 3:30 ☐ June 9-13 Seneca: Watkins United Methodist, 8:30 - 4:00 Please define the severity of any and all medical problems in detail on the back if necessary. ☐ June 16-20 Chief Old Ox: Tunnel Mill, Charlestown, IN 8:00 - 4:30 PROBLEMS WITH: HAVE OR SUBJECT TO: Cardinal: Miller Park, Campbellsville, KY 8:30 - 4:00 ☐ June 16-20 EYES ■ ASTHMA ☐ June 16-20 Mohawk: Cub World, Frazier Scout Reserv.,8:30 -4:30 EARS ☐ DIABETES (Type I or II) ☐ June 23-27 Dan Boone: Creasey Mahan, Goshen, KY 8:30 - 3:30 NOSE ☐ ALLERGIES (Please list below) □ June 23-27 Shawnee: Cub World, Frazier Scout Reserv., 8:30 -4:30 ☐ June 23-27 George Rogers Clark: Buffalo Trace, Palmyra, IN 8:30 - 4:30 ☐ LUNGS ☐ HEART TROUBLE ☐ June 23-27 Pioneer: New Haven City Park, 8:30 - 4:30 ☐ THROAT ☐ FAINTING SPELLS ☐ July 7-11 Lincoln Trail: Freeman Lake, Elizabethtown, KY 8:30 - 4:00 DIGESTION ☐ OTHER (Please explain) PACK & CAMP LEADERSHIP REQUIREMENT

All Tigers (Boys Starting 1st Grade in Fall) must be accompanied Please describe in detail on the back if necessary. by a parent. Depending on space and camp needs Packs may be required to provide adult leadership and will be notified if DO YOU HAVE A REACTION TO ANY MEDICATION, FOOD necessary. Scouts have a great time, but an even better one with OR OTHER? their parent/scout leader!! Staff position to be held/desired while at camp: HAVE ANY CONDITION REQUIRING MEDICATION: ☐ Program Staff ☐ Den Walker ☐ Boy Scout Other : NAME AND DOSAGE OF MEDICATION:_____ Please Check Days Available to volunteer: м т TH F W ☐ YES ☐ NO CPR Certified: Yes, I agree to allow my photo to be used in ☐ YES ☐ NO First Aid Certified: publicity shots, newspapers and TV spots. If serving as a 5 Day Leader, You Will Receive a T-shirt. Please mark your size: Signature: ☐ Adult Small ☐ Adult Med. ☐ Adult Large ☐ Adult XL ☐ Adult XXL ☐ Adult XXXL Return to: Lincoln Heritage Council, BSA P.O. Box 36273, Louisville, KY 40233-6273. I will be attending with:
Tiger ☐ Wolf