

FOR OFFICE ONLY  
BALANCE DUE: \_\_\_\_\_

## 2008 LIL BUDDY DAY CAMP APPLICATION

ONE APPLICATION PER PERSON \*\*\*\*\*DEADLINE 3 WEEKS PRIOR TO CAMP \*\*\*\*\*PLEASE PRINT

PACK #: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Daytime or Cell: \_\_\_\_\_ Email: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### IN CASE OF EMERGENCY

Notify: \_\_\_\_\_

Notify: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**LIL' BUDDY = Children of Adult Staff/Volunteers**  
**Requirements:** Parents must be at camp for Lil' Buddy to attend.  
*All Lil' Buddies MUST BE potty trained!!!*  
**COST:** \$20 (Includes Shirt and Program)

**LIL BUDDY T-SHIRT SIZE (Please Select One):**  
 Youth SM(6-8)  
 Youth Med(10-12)  
 Youth Large (14-16)

*This HEALTH HISTORY is required for admittance to camp. Persons trained in First Aid will be on duty at camp to give assistance. Secondary medical insurance is included in the fee.*

### CAMP DATES AND LOCATIONS PLEASE CHECK YOUR CAMP CHOICE:

- June 9-13 Cherokee: Fern Creek Sportsman's Club, 8:30-4:30
- June 9-13 Arapaho: Camp Carlson, Fort Knox 8:00 – 3:30
- June 9-13 Seneca: Watkins United Methodist. 8:30 – 4:00
- June 16-20 Chief Old Ox: Tunnel Mill, Charlestown, IN 8:00 – 4:30
- June 16-20 Cardinal: Miller Park, Campbellsville, KY 8:30 – 4:00
- June 16-20 Mohawk: Cub World, Frazier Scout Reserv.,8:30 -4:30
- June 23-27 Dan Boone: Creasey Mahan, Goshen, KY 8:30 – 3:30
- 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
- June 23-27 Pioneer: New Haven City Park, 8:30 – 4:30
- July 7-11 Lincoln Trail: Freeman Lake, Elizabethtown, KY 8:30 – 4:00

### PARENT AUTHORIZATION

This health history is correct as far as I know and the person herein described has permission to engage in all prescribed activities, except as noted by the physician and me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia or to order injection or surgery for my child.

- Check if there are special custodial arrangements for this child. Additional information will be requested.
- Yes, I agree to allow my child's photo to be used in publicity shots, newspapers and TV spots.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HEALTH HISTORY

Please define the severity of any and all medical problems in details on the back if necessary.

- | <u>PROBLEMS WITH:</u>              | <u>HAVE OR SUBJECT TO:</u>                             |
|------------------------------------|--|
| <input type="checkbox"/> EYES      | <input type="checkbox"/> ASTHMA                        |
| <input type="checkbox"/> EARS      | <input type="checkbox"/> DIABETES (Type I or II)       |
| <input type="checkbox"/> NOSE      | <input type="checkbox"/> ALLERGIES (Please list below) |
| <input type="checkbox"/> LUNGS     | <input type="checkbox"/> HEART TROUBLE                 |
| <input type="checkbox"/> THROAT    | <input type="checkbox"/> FAINTING SPELLS               |
| <input type="checkbox"/> DIGESTION | <input type="checkbox"/> OTHER (Please explain)        |

Please describe in detail on the back if necessary.

DO YOU HAVE A REACTION TO ANY MEDICATION, FOOD OR OTHER? \_\_\_\_\_

HAVE ANY CONDITION REQUIRING MEDICATION: \_\_\_\_\_

NAME AND DOSAGE OF MEDICATION: \_\_\_\_\_

**Return with payment to:** Lincoln Heritage Council, BSA  
P.O. Box 36273, Louisville, KY 40233-6273.

**Questions?Concerns? Additional Info: (502)361-2624**

**PLEASE MAKE SURE THIS FORM IS SIGNED!**